

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

152

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 FEB 27 PM 1:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S 90978

1. Corporation Name

PRIMERA FARMACIA LATINA, INC.
FIRST LATIN PHARMACY, INC.

2. Principal Office Address

300 SW 107TH AVENUE

Suite, Apt. #, etc.

113

City & State

MIAMI FLORIDA

Zip

33174

Country

MIAMI-DADE

3. Mailing Office Address

300 SW 107TH AVENUE

Suite, Apt. #, etc.

113

City & State

MIAMI FLORIDA

Zip

33174

Country

MIAMI-DADE

4. Date Incorporated or Qualified
 To Do Business in Florida

10/31/1991

5. FEI Number

65-0297277

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
 for a Certificate of Status

700014089817
 03/14/03--01049--011 **300.00

7. Name and Address of Current Registered Agent

Name

ANTONIO CALATAYUD

Street Address (P.O. Box Number is Not Acceptable)

300 SW 107TH AVENUE

Suite, Apt. #, Etc.

113

City

MIAMI

State
FL

Zip Code
33174

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
 Registered Agent

REGISTERED AGENT MUST SIGN

Date 02/11/2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	ANTONIO CALATAYUD	300 SW 107TH AVE., STE # 113	MIAMI, FLORIDA 33174

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Antonio Calatayud
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/2003

Date

305-551 4173
 Daytime Phone #

PRIMERA FARMACIA LATINA, INC.

300 SW 107TH AVENUE SUITE 113

MIAMI, FLORIDA 33174

TEL: 305 551-4177

252

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATION
ANNUAL REPORT/REINSTATEMENT SECTION
P O BOX 6327
TALLAHASSEE, FLORIDA 32314-6327

REF: ANNUAL REPORT 2002 & 2003
PRIMERA FARMACIA LATINA, INC
DOCUMENT # S 90978

ATTN: MR. TOIRON

DEAR SIR:

AS PER OUR TELEPHONE CONVERSATION WE ARE ENCLOSING YOU A MONEY ORDER
IN THE AMOUNT OF \$ 300.00. FOR YEAR 2002 AND 2003.

PLEASE BE ADVISED AS MENTIONED ON THE PHONE, WE HAVE RENEWED OUR
CORPORATIONS EVERY YEAR BUT THIS PARTICULAR YEAR 2002 AND 2003 WE DID NOT
RECEIVED THE ANNUAL REPORT, SO THEREFORE WE ARE PLEADING TO ABSOLVE THE
PENALTIES CHARGES.

PLEASE IF YOU HAVE ANY QUESTION DO NOT HESITATE TO CONTACT US.
TEL: (305) 551-4177

THANK YOU



ANTONIO CALATAYUD