

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

Please Note:

No charges with exception to the address charge.  
Thank you!

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # 153564  
1. Corporation Name Thayer's Colonial Pharmacy, Inc

2. Principal Office Address 4121 S.W. 34th Street  
3. Mailing Office Address 4121 S.W. 34th St.

Suite, Apt. #, etc.

City & State Orlando, FL

Zip 32811 Country USA

4. Data Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-0833727 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name William P. Kennedy

Street Address (P.O. Box Number is Not Acceptable) 4121 S.W. 34th Street

Suite, Apt. #, Etc.

City Orlando

State FL Zip Code 32811

700004769367-9  
-01/11/02--01048--009  
\*\*\*150.00 \*\*\*150.00

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 William P. Kennedy

Date 12/28/01

REGISTERED AGENT MUST SIGN

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
Pres/Tr	William P. Kennedy	4121 S.W. 34th St. Orlando, FL 32811	Orlando, FL 32811
Assistant Secretary	Barbara J. Lee	4121 S.W. 34th St Orlando, FL 32811	Orlando, FL 32811

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)(g), 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: William P. Kennedy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/2001 (407) 999-2225  
Date Daytime Phone #

CR2001 (2/00)

**THAYER'S COLONIAL PHARMACY, INC.**

November 28, 2001

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Sir:

It was brought to our attention recently that the Secretary of State due to the failure to file the 2001 Uniform Business Report prior to May 1, 2001 had administratively dissolved Thayer's Colonial Pharmacy, Inc.

Thayer's Colonial Pharmacy, Inc. was sold during 1998 and the form never made it to our accountant's office for payment. Enclosed please find a Corporation Reinstatement form for Thayer's Colonial Pharmacy, Inc. along with our check # 23200 in the amount of \$150.00. Please consider our request for reinstatement and we would also appreciate your waiving the late fee of \$600.00.

Please mail the 2002 Uniform Business Report to the following address 4121 S.W.34<sup>th</sup> Street, Orlando, FL 32811.

Thank you for your assistance with this request.

Sincerely,



Barbara J. Lee

Assistant to William P. Kennedy  
President of Thayer's Colonial Pharmacy, Inc.

4121 S. W. 34<sup>th</sup> Street, Orlando, FL 32811  
(407)999-2225 fax (407)999-0133