


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000003756 1. Entity Name LIFERAMP FAMILY FINANCIAL, INC.	
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FILED

05 MAR -7. AM 9: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 420 LEXINGTON AVENUE C/O MEDIX RESOURCES, INC. NEW YORK, NY 10170	Mailing Address 420 LEXINGTON AVENUE C/O MEDIX RESOURCES, INC. NEW YORK, NY 10170
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2. Principal Place of Business 1600 Corporate Court No. 140	3. Mailing Address 1600 Corporate Ct. No. 140
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Suite, Apt. #, etc. No. 140	Suite, Apt. #, etc. No. 140
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City & State Irving, TX	City & State Irving, TX
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Zip 75038	Country USA	Zip 75038	Country USA
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REINSTATEMENT

03/04/2005 REIN-P CR2E000 (07/04) 04-05

4. FEI Number 20-0088517	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

SIGNATURE Connie Bryan 03/07/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00	400048990804 03/23/05--01034--002 **900.00
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK LIVINGSTON 03/04/05 469 524 7031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PRESIDENT