

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 19 AM 11:41

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **P98000101643**

1. Corporation Name
RXFILES.NET CORPORATION

Principal Place of Business Mailing Address
109 LOVELLA LANE 342 S. Tamiami Tr.
NOKOMIS FL 34275 NOKOMIS, FL
34275
109 LOVELLA LANE P.O. Box 427
NOKOMIS FL 34275 NOKOMIS, FL
34275



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <i>See above</i> 342 S. Tamiami Tr. Nokomis FL	3. New Mailing Office Address, If Applicable <i>See above</i> P.O. Box 427 Nokomis FL	4. Date Incorporated or Qualified To Do Business in Florida 12/02/1998
City & State Nokomis FL	City & State Nokomis FL	5. FEI Number 65-0879041
Zip 34275	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City, State, Zip
P	KUTZKO, JOHN D	100 LOVELLA LANE	NOKOMIS FL 34275
VP/0	Kutzko, John D.	109 Louella Lane	Nokomis, FL 34275
P/0	Singer, Michael G.	705 S. Lake Huron Shore Rd.	Harrisville, MI 48740
T/0	McMichael, John	2465 Dogwood Drive	Wexford, PA 15090
S/0	LeFrock, Jack	647 Waterside Way	Sarasota, FL 34242

8. Name and Address of Current Registered Agent FINANCIAL FOUNDATIONS, INC. 2843 THAXTON DRIVE #37 PALM HARBOR FL 34884	9. Name and Address of New Registered Agent Name: John Kutzko Street Address (P.O. Box Number is Not Acceptable): 109 Louella Lane Suite, Apt. #, Etc.: City: Nokomis State: FL Zip Code: 34275
--	---

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: *[Signature]* Date: 10/2/99
 REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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: *[Signature]* Date: 10/2/99
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/99)