


2001

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00000068623

1. Corporation Name

RELIEFRX, INC.

Principal Place of Business

Mailing Address

9060 KIMBERLY BLVD
BOCA RATON FL 334349060 KIMBERLY BLVD
BOCA RATON FL 33434

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

2. New Principal Office Address, If Applicable

10058 SPANISH ISLES BLVD

Suite, Apt. #, etc.

F-5

City & State
BOCA RATON, FL.Zip
33498Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SAME AS

PRINCIPAL

City & State
OFFICE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/2000

5. FEI Number

65-1052788

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

X \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir. + CEO	JEFFREY SALAMON	46 RELIEFRX, INC.	BOCA RATON,
Dir. + CMO	JORDAN LITTEH	10058 SPANISH ISLES BLVD	FLORIDA 33498
Dir. + CFO	LEWIS DUBERMAN	SUITE F-5	500004718985--2
Dir. + President	JEFFREY TIBBINS		-12/11/01--01068--011
			****158.75 ****158.75

8. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 S FLAGLER DR, STE 500 EAST
W PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name
LEWIS DUBERMAN

Street Address (P.O. Box Number is Not Acceptable)
10058 SPANISH ISLES BLVD

Suite, Apt. #, Etc.
F-5

City
BOCA RATON

State
FL

Zip Code
33498

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

REGISTERED AGENT MUST SIGN

Date

11/5/01

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/5/01 561-882-5980

CR2E040 (8/01)



FILED

01 NOV -8 PM 6:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA