PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secresary of State DIVISION OF CORPORATIONS

DOCUMENT #

P01000001507

1. Corporation Name

MED-X INTERNATIONAL, INC.

Principal Place of Business

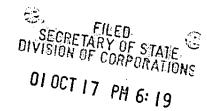
Mailing Address

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3338 BAYSHORE CT.

3338 BAYSHORE CT.



Daytime Phone #

SPRING HILL FL 34608			SPRING HILL FL 34608				H HOOMIDEN HIT OOFFE HERIT BORKE OOFFE						
If above a	ddresses are	incorrect in any way, line the	rough incorrect in	nformation a	and enter o	correction below.	ENST	atemen		\bigcirc	[
2. New Pri	ncipal Office A	Address, If Applicable	3. New Maili	ng Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 12/28/2000						
Suite, Apt.	#, etc.		Suite, Apt. #,	t. #, etc.			5. FEI Number Applied For						
City & State	-		City & State					369 3209	1	_	Not Applica	\neg	
Zip Country			Zip: Country			,	6. CERTIFICATE OF STATUS DESIRED Control of Status Desired Certificate of Status					ired -	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)													
Title(s)	Title(s) Name of Officers and/or Directors			Street Address of Eac Officer and/or Director				City / State / Zip					
PT	HONIGMAN, CHARLES			3338 BAYSHORE CT.				SPRING HILL FL 34608					
vs	HONIGMAN, DIANE			3338 BAYSHORE CT.			* <u>************************************</u>	SPRING HILL FL 34608					
				40004661344- -10/31/0101064 ****750.00 *****75						10 -011 750.00			
										<u> </u>			
8. Name and Address of Current Registered Agent							Name and Address of New Registered Agent						
						Name	-			•		5	
HONIGMAN, CHARLES 3338 BAYSHORE CT.						Street Address (F	P.O. Box Number	r is Not Acceptable)					
SPRING HILL FL 34608					Suite, Apt. #, Etc.							₩	
					City				State	Zip Co	An	\dashv	
10. I, being appointed the registered agent of the above paped corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERIED AGENT MUST SIGN 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 filling													
		plication, the reason for dissi ion have been paid and the										ed be:	