PLEASE READ ALL INSTRUCTIONS BEFORE COMP

· ·	ALL INSTRUCTIONS BEFORE C	APPROVEL
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	AND FILED 05 MAY 18 PM 3:36
DOCUMENT # POLO 00085173		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Jax Rx Inc.		
C. Driving Office Address	2 107-07-144	REINSTATEMENT 03-05
2 Principal Office Address 174 BEACH AVENUE Suite, Apt. #, etc.	3. Mailing Office Address 1174 OCACH AVENUE Suite, Apt. #, etc.	entertally space and contract a
City & State	City & State	4. Date Incorporated or Qualified 8 - 28 - 01
AHANHICBEACH, FL	Atlantic Pach, FL Zip Country	5. FEI Number Applied For Not Applicable 6. Sc. 75. Applied For Not Applicable
32233 USA	32233 USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name DOWN SNYCH NEW NOW TOWN HENNESCY Street Address (P.O. Box Number is Not Acceptable) The Greens Way 4745 Suite, Apt. #, Etc.		
Jacksonville Beach		State Zip Code FL 32350
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 Data Herman Barriage Page 1. Date Date Date Date Date Date Date Date		
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations must list at le	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P Dawn Henness	ey 1174 Beach Aven	
T Dawn Hennisse	y' 194 Baun may	nue Atlantic Back, FL 32233
S Dawn Henness	ey 1174 Bach Ave	rue Atlanaic Beach, Fi 32233
	1	05/24/05-01065-925 7865
		05/24/05=01065=305 785 **450.00
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 filling 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 Dat		

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April 15, 2005

To Whom It May Concern:

I am writing this letter to request that my corporation be reinstated effective immediately. I had an address change back in 2002 and another in 2003 which prevented me from ever receiving any correspondence from the state regarding my filing fees. I realize this is my fault and only became aware of the fees from my accountant last month. I am sending in a change of address and check for the 2005 filing fee.

I was also married in 2003 and had my name changed from Dawn Snyder to Dawn Hennessey. Please make note of this as well.

I would appreciated your assistance and understanding in this matter and appreciate any other fees waived. I will not do this again as I now have hopefully sent in all the appropriate information for you to contact me.

Please do not hesitate to call me at #(904)994-8524 or write to Jax Rx Inc 1174 Beach Avenue Atlantic Beach, FL 32233

Thank you so much for your time and understanding.

Dawn Hennessey