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# 2006 FOR PROFIT CORPORATION REINSTATEMENT


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 18 AM 9:26

## REINSTATEMENT 06



11012006 REIN-P CR2E098 (11/05)

<b>DOCUMENT # P01000085173</b>					
1. Entity Name JAX RX, INC.					
Principal Place of Business 1174 BEACH AVENUE ATLANTIC BEACH, FL 32233			Mailing Address 1174 BEACH AVENUE ATLANTIC BEACH, FL 32233		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3748930				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HENNESSEY, DAWN 1701 THE GREENS WAY #715 JACKSONVILLE BEACH, FL 32250			7. Name and Address of New Registered Agent Name <u>Hennessey, Dawn</u> Street Address (P.O. Box Number is Not Acceptable) <u>1174 Beach Avenue</u> City <u>Atlantic Beach</u> FL Zip Code <u>32233</u>		
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. SIGNATURE <u>[Signature]</u> <u>Dawn Hennessey</u> DATE <u>11/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS HENNESSEY, DAWN 1174 BEACH AVENUE ATLANTIC BEACH, FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Hennessey, Dawn</del> <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000082618504 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/19/06-01051-023 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u> <u>Dawn Hennessey</u> DATE <u>11/27/06</u> DAYTIME PHONE # <u>9049445524</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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## JAX RX INC.

November 27, 2006

To whom it may concern,

Reference number P01000085173

Subject: Jax Rx Inc.

I am writing in regards to reinstatement of my corporation Jax Rx Inc. I have attached the reinstatement form and a check for the \$61.25 filing fee plus \$8.75 for the certificate of status form. I have never received any postcard for the year of 2006 or any previous year as you have the wrong address on file!

I wrote a letter last year to you regarding this matter and thought it was all straightened out. I have enclosed a copy of this letter as well.

Therefore I am requesting all late fees and the reinstatement fee be waived. As well, please change the address in your records so this does not continue to occur each year!

Finally, in regards to your letter number 406A00064837, my corporation has not been in existence since 1992 so I do not pay need to pay the \$88.75 corporate supplemental fee for these years.

Please advise and thank you for your time and consideration in this matter.



Dawn Hennessey

1174 Beach Ave.  
Atlantic Beach,  
FL 32233

PHONE	(904) 994-8524
FAX	(904) 246-9503
E-MAIL	jaxrx@bellsouth.net