

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 30 PM 12:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000108852

1. Corporation Name

ANSWERX, INC

Principal Place of Business

Mailing Address

751 NORTHLAKE BOULEVARD
SUITE 2D
NORTH PALM BEACH FL 33408

751 NORTHLAKE BOULEVARD
SUITE 2D
NORTH PALM BEACH FL 33408

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

10/08/2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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	BRADLEY, JAMES M	751 NORTHLAKE BOULEVARD	NORTH PALM BEACH FL 33408
SEC	GENARO ORRICO	751 NORTHLAKE BLD	N. PALM BEACH FL 33408

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRADLEY, JAMES M
2062 VISTA DRIVE
NORTH PALM BEACH FL 33408

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 10/27/2003

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 27, 2003

Date

Daytime Phone #

561-842-4950

CR2E040 (7/03)

ANSWERX, INC.
751 NORTHLAKE BOULEVAD
NORTH PALM BACH, FLORIDA 33408
561-842-4950

RE: RENEWAL OF CORPORATION:

Florida Department of State

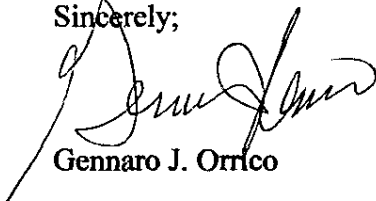
October 27, 2003

Dear Sir / Madam:

We, at ANSWERX, INC. did not receive the two prior notice, which we so state for your records.

Thank you,

Sincerely;


Gennaro J. Orrico