APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

00 JUN -8 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
~~REINSTATEMENT~~
99-00 AR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000033532

1. Corporation Name

MAILRX, INC.

2. Principal Office Address	**3.** Mailing Office Address
430 Live Oaks Blvd.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Casselberry, Fl.	City & State
Zip: 32707 Country: US	Zip Country

600003292936--0
-06/15/00--01156--005
****300.00 ****300.00

4. Date Incorporated or Qualified To Do Business in Florida: 5/1/93

5. FEI Number: 59-3185004 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JOSE V. DE JESUS

Street Address (P.O. Box Number is Not Acceptable): 110 Cypress Woods Court

Suite, Apt. #, Etc.: Apt. 8A

City: DELTONA State: FL Zip Code: 32725

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: Jose V. de Jesus — REGISTERED AGENT MUST SIGN — Date: 5/31/2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	JOSE V. DE JESUS	110 Cypress Woods Ct.	Apt. 8A Deltona, Fl. 327
VP	CHARLES JACKSON	706 Ponca Trail	Maitland, FL, 32751
D	JOSE E. PEREZ	7848 S.W. 66th ST.	Miami, FL 33143
Sec.	JAN L. McBRIDE	110 Cypress Woods Ct	Apt 8A, Deltona, FL 32725

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 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: Jose V. de Jesus — JOSE V. DE JESUS — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 5/31/2000 — Daytime Phone #: (407) 430-1118

FAX AER-07

Charter Number Only

6/5

MAILRX INC.
Requestor's Name

430 Live Oaks Blvd.
Address

Casselberg FL
City State ZIP Phone

VALIDATION ONLY

CORPORATION(S) NAME

MAILRX, INC

Please waive fees / Penalties; Application Not Received At Business Address.

Thank you!

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
(X) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

RECEIVED
00 JUN -6 AM 9:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Empire Toll Free: 1-800-432-3028

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CR2E031 (R8-85)