

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 APR 24 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000018908

1. Corporation Name

RX SOLUTIONS, INC.

Principal Place of Business

4120 HIGHLAND PARK CIRCLE
LUTZ FL 33549-5305

Mailing Address

4120 HIGHLAND PARK CIRCLE
LUTZ FL 33549-5305

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

2. New Principal Office Address, If Applicable

13101 TELECOM DR

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

PO BOX 16688

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33637-0923

Country

HILLSBOROUGH

Zip

33687-6688

Country

HILLSBOROUGH

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/1998

SP

5. FEI Number

59-3495447

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CAMPBELL, IAN D	4120 HIGHLAND PARK CIRCLE	LUTZ FL 33549

4000003246814--8

-05/10/00--01080--002

****908.75 ****908.75

8. Name and Address of Current Registered Agent

CAMPBELL, IAN D
4120 HIGHLAND PARK CIRCLE
LUTZ FL 33549-5305

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 04/20/2000

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: IAN D. CAMPBELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/2000
Date

813-949-0302
Daytime Phone #

CR2040 (8/99)