


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

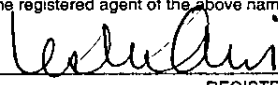
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000029511			
1. Corporation Name Mediscripts Company, Inc.			
2. Principal Office Address 10105 Brookwood		3. Mailing Office Address P.O. Box 380033	
Suite, Apt. #, etc. Forest Blvd.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32225	Country USA	Zip 32205	Country USA

FILED
04 MAR -2 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

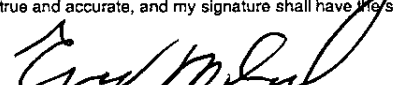
REINSTATEMENT 00-04
800029737278
03/02/04--01057--029 **1350.00

4. Date Incorporated or Qualified To Do Business in Florida 03/27/98	
5. FEI Number 541893408	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Leslie A. Wickes, Esq.		
Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd.		
Suite, Apt. #, Etc. 1700		
City Jacksonville,	State FL	Zip Code 32207

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 	Date 2/25/04
REGISTERED AGENT MUST SIGN	

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
PSD	Eric McDaniel	10105 Brookwood Forest Blvd.	Jacksonville, FL 32225

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: 	2-20-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E081 (01/04)