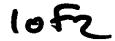
1	c.f	ح
---	-----	---

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE TIVISION OF CORPURATIONS CORPORATION **Katherine Harris** REINSTATEMENT Secretary of State 01 APR 30 PM 1:39 DIVISION OF CORPORATIONS 4490000 0,828 DOCUMENT # 1. Corporation Name Inferection, Inc. 700004194867--3 -05/11/01--01017--004 \*\*\*\*150.00 \*\*\*\*150.00 3. Mailing Office Address amiam 06-183-00 90106 007 \$150.00 4. Date Incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent Name ox Number is Not Acceptable) Suite, Apt. #, Etc. City State FL being appoin ion, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent **VT MUST SIGN** 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip meadowno 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #



## RX INTERACTION, Inc.

4371 South Tamiami Trail, Suite 307 Sarasota, FL 34231 (941) 922-3288

April 20, 2001

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Corporate Reinstatement for RX Interactions, Inc.

To Whom It May Concern:

Enclosed you will find our application for corporate reinstatement and a check in the amount of \$150.00.

Based on discussions with your office, we are requesting that any reinstatement penalties and fees be waived due to the circumstances of last years mailing events from your office. For your review, here are the details:

April 28th, 2000: We realized we had not received the 2000 renewal paperwork so we telephoned your office for the form.

You sent us a letter to our correct address (5821 Larchwood, Sarasota, FL 34231) on May 19<sup>th</sup> to confirm that we had 30 days from the 19<sup>th</sup> to submit our paperwork.

May 23<sup>rd</sup>: You received our paperwork in your office along with our check in the amount of \$150.00, which was cashed. On that paperwork, we noted our correct mailing address of 5821 Larchwood, Sarasota, FL 34231

June 28th: You sent us the form back due to missing FEI number. But this time, your correspondence was sent to an old address in Arlington, VA. Due to sending to the wrong address, we did not receive the request for the FEI number. When you did not receive the correspondence back, the corporation was resolved.

As you can see, if there had been consistency with the mailings, we would have received your request for the FEI number and would have responded promptly. Please take this under consideration as you are reviewing our application for reinstatement.

Please call me if you have any questions at 941-921-2728.

Registered Agent