

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAY 21 PM 2:14

DOCUMENT # P99000043497

1. Corporation Name

RXANALYSTS, INC.

Principal Place of Business

Mailing Address

2900 SW 45TH STREET  
FT LAUDERDALE FL 33312

2900 SW 45TH STREET  
FT LAUDERDALE FL 33312



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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/13/1999

SP

5. FEI Number

65-0918648

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	KRONENBERG, STEVEN J	2900 SW 45TH STREET	FT LAUDERDALE FL 33312

000004435180--7  
-06/21/01--01050--009  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DR.  
CLEARWATER FL 33761

Name

Steven J. Kronenberg

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

2900 SW 45th St

Suite, Apt. # Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33312

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

Steven J. Kronenberg  
REGISTERED AGENT MUST SIGN

Date 2-13-00

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:

Signature and Typed or Printed Name of Signing Officer or Director  
Steven J. Kronenberg

Date

Feb 13, 2001

Daytime Phone #

954-  
966-  
3243

CR2E040 (8/00)