

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
 DIVISION OF CORPORATIONS

01 NOV -1 PM 12:02

DOCUMENT # **F00000004546**

1. Corporation Name
DE OPLOSSING, INC.

Principal Place of Business 3939 ROSWELL RD., SUITE 350 MARIETTA GA 30062	Mailing Address 3939 ROSWELL RD., SUITE 350 MARIETTA GA 30062
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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

4. Date Incorporated or Qualified To Do Business in Florida 08/11/2000	
5. FEI Number 58-2276686	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	DEBOY, D. ROGER	3939 ROSWELL RD., SUITE 350	MARIETTA GA 30062
SD	DEBOY, PAMELA	3939 ROSWELL RD., SUITE 350	MARIETTA GA 30062

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 -11/27/01--01048--011
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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]* **REGISTERED AGENT MUST SIGN** **Allan Farnell, Assistant Vice President** Date **10/31/01**

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date **10/31/01** Daytime Phone #

CR2E040 (8/01)



de Oplossing, Inc.

Merchants Station 3939 Roswell Road Suite 350 Marietta, Georgia 30062

10-31-01

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Subject: Request for waiver of reinstatement fees

1. de Oplossing, Inc. did not received the uniform business report. We are requesting a waiver of the reinstatement fee.
2. Please call if you need any additional information.

Danette Norrid
De Oplossing, Inc.
Accounts Manager