

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 24 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000070875

1. Corporation Name

N.E.S.S.I. Corp.

REINSTATEMENT 03

300024079319
10/24/03--01019--005 **150.00

2. Principal Office Address

2849 S. Orange Ave

Suite, Apt. #, etc.

Suite 310

City & State

Orlando FL 32806

Zip

32806

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/24/00

5. FEI Number

59-3048607

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John M. O'Neil

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

2849 S. Orange Avenue

Suite, Apt. #, Etc.

Suite 310

City

Orlando

State

FL

Zip Code

32806

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

REGISTERED AGENT MUST SIGN

Date

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
<u>P</u>	<u>John M. O'Neil</u>	<u>2849 S. Orange Ave</u>	<u>Orlando, FL 32806</u>

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:

John M. O'Neil (owner)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/03 (407)-999-2554

Daytime Phone #

CR2E01 (10/02)

N.E.S.S.I. CORP.
2849 s. Orange Ave.
Suite 310
Orlando, Fl. 32806

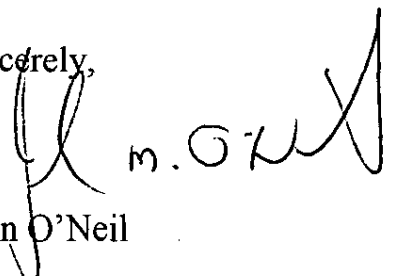
To Whom It May Concern:

Enclosed please find our completed Corporate Reinstatement form, along with our payment of \$150.00.

It was brought to our attention, by a third party , that our corporation had been administratively dissolved. We have received no requests for payments or a notice of Administrative Disillusionment.

Therefore, we ask that you wave the penalty and reinstatement fees.

Sincerely,

A handwritten signature in black ink, appearing to read 'John O'Neil', is written over the printed name. The signature is stylized and cursive.
John O'Neil