PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					FILED				
DOCUMENT # P020000 76916					04 NOV -1 AM 11: 52				
4. Communities Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
PYRAMID Computers And Software, INC.						TALLAHAS	SEE, FL	LURIUA	
				10					
2. Principal Office Address 3. Mailing C			95S	N.		a arresponde (S. 1955)	ema		
ZIL	o South MAIN ST	169 CA	169 Calhow ST		ST	ATEME	MA	13-04	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-			7	
	Citto I	الأكوال الكولة للمستمسينية الأخراء الوالد ينجح وممين		4. Date Incom To Do Busi			1.70	>02	
City & State		City & State		5. FEI Numbe	er		~~ ~	plied For	
LABelle Zip Country		LABelle Country		30-0094843 Not Applicable					
FL	usA	FL	USA	6. CERTIFICATE	OF STATI		Additional ra Certificat	Fee required e of Status	
	1	7. Name and	Address of Current Register	ed Agent					
	Name								
	Thomas C. Boswell Ir Street Address (P.O. Box Number is Not Acceptable)								
	169 CALh			-					
	Suite, Apt. #, Etc.								
	City LABelle				State FL	zip Code 33935	5		
8. 1, 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 Page 10/30/2004									
riegistereu		EGISTERED AGENT MUS	T SIGN		Dale	- 10-71		1 2	
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				
	7		169 CALLOUD ST		LABelle, FL 33935 LABelle, FL 33935				
1	Thomas C. Boswell Ir				(A belle	TL 3	3337	
ST	Rochelle WRI	sley 21	6 South main	U, U,UiT 1		LABelle	FL	33935	
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #									
	SIGNATURE AND TYPED OR PR	IIN LEO NAME OF SIGNING O	PRICER OR DIRECTOR		uate	Dayti	ime Phone #		



Pyramid Computers and Software, Inc. 216 South Main Street
Unit 1
LaBelle, Florida 33935

Oct 30, 2004

To Whom it May Concern;

I being the Officer and Agent for Pyramid Computers and Software, Inc. Document # P02000076976, did not receive notice of non filing of our reports, and until this week when we applied for our first Business account did I become aware that they were not received.

I call your office today and was informed by a member of your staff that this letter along with a check for \$300.00 and our completed reinstatement form would meet the necessary requirements.

Thank You for your assistance in this matter.

Thomas C. Boswell Ire