

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

99 NOV -8 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000014946**

1. Corporation Name
IDIOM TECHNOLOGIES, INC.

Principal Place of Business 1011 E BROAD STREET TAMPA FL 33604	Mailing Address PO BOX 9787 TAMPA FL 33674-787 US
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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		4. Date Incorporated or Qualified To Do Business in Florida 02/12/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3431084	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HESS, STUART	1011 E BROAD STREET	TAMPA FL 33604

000003046280--8
-11/16/99--01092--005
****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
HESS, STUART 1011 E BROAD STREET TAMPA FL 33604		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City	State FL	Zip Code	

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: Stuart J Hess **REQUIRED** Date: 11/1/99
REGISTERED AGENT MUST SIGN

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: Stuart J Hess **REQUIRED** Date: 11/1/99 Daytime Phone #: 813-503-6177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25040 (8/99)

Idiom Technologies, Inc.

Idiom Technologies, Inc.
P.O. Box 9787
Tampa, FL 33674-9787

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November 1, 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I did not receive the 1999 corporation annual report form. I request that the reinstatement fees be waived.

Sincerely,



Stuart J. Hess
Director, Idiom Technologies, Inc.