

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

00-03

FILED

03 JAN 14 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000010877

1. Corporation Name

NEO SYSTEMS INC

2. Principal Office Address

19319 AUTUMN WOODS AVE

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33647

Country

USA

3. Mailing Office Address

19319 AUTUMN WOODS AVE

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33647

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

FEB 2ND 1998

5. FEI Number

59-3489661

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

100010077631

01/14/03--01061--003 **1200.00

7. Name and Address of Current Registered Agent

Name

KOMMIREDDY, RAMA K

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

19319 AUTUMN WOODS AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33647

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
P	KOMMIREDDY, RAMA K	19319 AUTUMN WOODS AVE	TAMPA/FL/33647
VP	INAMPUDI, HARI P.R.	19317 AUTUMN WOODS AVE	TAMPA/FL/33647
T/S	VARADHARAJAN, MAGESH	19114 NATURE PALM LANE	TAMPA/FL/33647
D	SINGH, INDER P	19319 AUTUMN WOODS AVE	TAMPA/FL/33647
D	SINGH, RAJEEV I	19319 AUTUMN WOODS AVE	TAMPA/FL/33647
			00-03 UBS 18

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: G. Hari Prasad Rao (HARI P.R. INAMPUDI) 01/10/03 813-632-8358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (1/0/02)