## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	SEURETARY OF STATE SEVISION OF CORPORATION
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ION SERVICES, INC.	
3. Mailing Office Address AIA	<b>-1</b>
10/ SOUTHARLE LANE	l reinstatement 61
Suite, Apt. #, etc.	
## 400-	4. Date Incorporated or Qualified To Do Business in Florida 5//4/1948
City & State	5. FEI Number Applied For
<del></del>	593509347 Not Applicable
}	G. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
Street Address (P.O. Box Number is Not Acceptable)  238 N. WEST NONTE DITTUE  Suite, Apt. #, Etc.  SUITE 200  City  ALTANONTE SPRINGS  State  State  State  FL 32741  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	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
MAY 508 MATTLDA P ALDWELL	PLACE LONEWOOD, FL, 32750
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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 filling 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:    10/09/01	
	Secretary of State DIVISION OF CORPORATIONS  DODD DAY 3 6 3  LON SETALICES, TAC.  3. Mailing Office Address NO CHANGE HOT SOUTH HALL LANGE.  Suite, Apt. #, etc.  THOO  City & State  MATTLANID F.  7. Name and Address of Current Regist  TO Acceptable)  TO NOTE DITTE  OF SPRINGS FAZ.  we named corporation, am familiar with and accept the Cofficer and/or Director (Florida nonprofit corporations must list at Street Address of E Officer and/or Director (Florida nonprofit corporations must list at Street Address of E Officer and/or Director (Florida nonprofit corporations must list at Street Address of E Officer and/or Director (Florida nonprofit corporations must list at Street Address of E Officer and/or Director (Florida nonprofit corporations must list at Street Address of E Officer and/or Director (Florida nonprofit corporations must list at Street Address of E Officer and/or Director (Florida nonprofit corporations must list at Street Address of E Officer and/or Director (Florida nonprofit corporations must list at Street Address of E Officer and/or Director (Florida nonprofit corporations must list at Street Address of E Officer and/or Director (Florida nonprofit corporations must list at Street Address of E Officer and/or Director (Florida nonprofit corporations must list at Street Address of E Officer and/or Director (Florida nonprofit corporations must list at Street Address of E Officer and/or Director (Florida nonprofit corporations must list at Street Address of E Officer and/or Director (Florida nonprofit corporations must list at Street Address of E Officer and/or Director (Florida nonprofit corporations must list at Street Address of E Officer and/or Director (Florida nonprofit corporations must list at Street Address of E Officer and Formation of E Officer and Fo