

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -3 AM 11:22

DOCUMENT # *099000045303*

1. Corporation Name

Accawareprofiles, INC.

2. Principal Office Address

4318 San Juan St.

Suite, Apt. #, etc.

City & State

TAMPA Florida

Zip

Country

33629 USA

3. Mailing Office Address

4318 San Juan St

Suite, Apt. #, etc.

City & State

Tampa Florida

Zip

Country

33629 USA

4. Date Incorporated or Qualified To Do Business in Florida

5/17/99

5. FEI Number

Copy of App Attached

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT *0001*

7. Name and Address of Current Registered Agent

Name

Joel S. Treuhart

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

4318 San Juan St.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33629

600004462916

-07/06/01--01097--036

*****908.75 ****908.75*

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/21/01

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
<i>D/M</i>	<i>Michael McCalloch</i>	<i>4318 San Juan St</i>	<i>Tampa Florida 33629</i>
<i>D</i>	<i>Joel S. Treuhart</i>	<i>5700 McManis Hwy</i>	<i>Tampa FL 33615</i>

AD

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] *Michael McCalloch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/01
Date

8138329300
Daytime Phone #

CR2001 (9/00)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN _____
 OMB No. 1545-0003

► Keep a copy for your records.

1 Name of applicant (legal name) (see instructions)
Accuware Profiles, Inc.

2 Trade name of business (if different from name on line 1) _____

3 Executor, trustee, "care of" name
N/A

4a Mailing address (street address) (room, apt., or suite no.)
4318 SAN JUAN ST. W.

5a Business address (if different from address on lines 4a and 4b)
N/A

4b City, state, and ZIP code
TAMPA, FL 33629

5b City, state, and ZIP code
N/A

6 County and state where principal business is located
Hillsborough, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►
Michael McCulloch 266 869 401

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

Sole proprietor (SSN) _____

Partnership Personal service corp.

REMIC National Guard

State/local government Farmers' cooperative

Church or church-controlled organization

Other nonprofit organization (specify) ► _____ (enter GEN if applicable)

Other (specify) ► _____

Estate (SSN of decedent) _____

Plan administrator (SSN) _____

Other corporation (specify) ► _____

Trust

Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated State **Florida** Foreign country _____

9 Reason for applying (Check only one box.) (see instructions)

Started new business (specify type) ► _____

Banking purpose (specify purpose) ► _____

Changed type of organization (specify new type) ► _____

Purchased going business

Created a trust (specify type) ► _____

Other (specify) ► _____

Hired employees (Check the box and see line 12.)

Created a pension plan (specify type) ► _____

10 Date business started or acquired (month, day, year) (see instructions)
5/17/99

11 Closing month of accounting year (see instructions)
December

12 First date wages or annuities were paid or will be paid (month, day, year). **Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)** ► **7/15/01**

13 Highest number of employees expected in the next 12 months. **Note: If the applicant does not expect to have any employees during the period, enter -0-.** (see instructions) ► **5**

Nonagricultural Agricultural Household

14 Principal activity (see instructions) ► **Software Development + Distribution**

15 Is the principal business activity manufacturing? Yes No

If "Yes," principal product and raw material used ► _____

16 To whom are most of the products or services sold? Please check one box.

Public (retail) Other (specify) ► _____ Business (wholesale) N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► _____ Trade name ► _____

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
(813) 832 9300

Fax telephone number (include area code)
(813) 832 9500

Name and title (Please type or print clearly.) ► **Michael McCulloch Director**

Signature ► **MMcCulloch** Date ► **6/20/01**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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FAX to 678-530-6156