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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -4 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000045303

1. Corporation Name
Accuware Profiles, Inc.

2. Principal Office Address <u>4318 W San Juan St.</u>		3. Mailing Office Address <u>POB 21815</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Tampa, Florida</u>		City & State <u>Tampa, Florida</u>	
Zip <u>33629</u>	Country <u>USA</u>	Zip <u>33622</u>	Country <u>USA</u>

10/21/03 01093 029 150.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number <u>59-3726790</u>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Michael G. McCulloch

Street Address (P.O. Box Number is Not Acceptable)
P.O. B 21815 4318 W. San Juan St

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33629

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] Date _____

REGISTERED AGENT MUST SIGN

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	<u>Michael G. McCulloch</u>	<u>4318 W. San Juan St</u>	<u>Tampa, FL 33629</u>
VP	<u>Paul M. Miranda</u>	<u>4318 W. San Juan St.</u>	<u>Tampa, FL 33629</u>
VP	<u>Tracy K. Crisp</u>	<u>4318 W. San Juan St.</u>	<u>Tampa, FL 33629</u>

REINSTATEMENT 03

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 McCulloch 11/5/03 813 832 9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E01 (10/02)

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AccuWare Profiles, Inc.

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P.O.B. 21815 Tampa, FL 33622-1815
Telephone (813) 832-9300 / 9400 Facsimile (813) 832-9500
E-mail accuware@accuwareprofiles.com

November 5, 2003

Tyrone Scott
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314-6327

To Whom It May Concern,

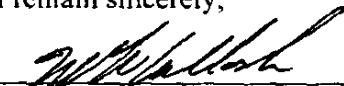
Please find enclosed our application for reinstatement.

We mailed our report and check (# 4244) on March 2, 2003. Apparently neither arrived at the intended destination. I notice in my letter to you dated October 10, 2003 I erred in reporting the above date as May 2, 2003 instead of March 2, 2003. I apologize for any inconvenience this may have caused.

We received no notice that the report had not been received and proceeded under the assumption all was well.

Thank you in advance for your assistance in this matter.

I remain sincerely,



Michael G. McCulloch
Managing Director
AccuWare Profiles Corporation