

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

FILED
 '03 DEC 30 AM 10:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F00000001597

1. Corporation Name

IT XCHANGE CORP.

Principal Place of Business	Mailing Address
1300 HEATHER RIDGE BLVD. UNIT #B DUNEDIN FL 34698	1300 HEATHER RIDGE BLVD. UNIT #B DUNEDIN FL 34698



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/23/2000	
City & State		City & State		5. FEI Number	
Zip		Country		56-2028738	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 03

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MC FARLANE, JEFF	155 PRESTONIA PLACE	MORRISVILLE NC 27560
SD	MC FARLANE, LES	34 BUGGEY LANE	AJAX, ONTARIO L1S 4S7
T	MICUDA, MICHELLE	105 MILLBANK DR, OAKVILLE, ONTARIO	CANADA L6H 6A9
		2159 WINDING WOODS DRIVE	CANADA, L6H 5T8
VPFA	GRUDO, DOMENIC	97 WEDGEWOOD DRIVE	TORONTO, ON M2B 4J8
TV	MICUDA, MICHELLE	2159 WINDING WOODS DRIVE OAKVILLE, ONTARIO	CANADA, L6H 5T8

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCPHERON, BOB 1300 HEATHER RIDGE BLVD, UNIT #B DUNEDIN FL 34698	Name	
	Bob McPheron	
	Street Address (P.O. Box Number is Not Acceptable)	
	1300 Heather Ridge Blvd	
	Suite, Apt. #, Etc.	
	City	State Zip Code
	Dunedin	FL 34698

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. or 617.0505, F.S.

400025858064

12/30/03--01031--021 **750.00

Signature of Registered Agent



Date 12/26/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M. Micude

Dec 22/2003