

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000001467

FILED
Oct 20, 2005
Secretary of State

Entity Name: INTUITIVE SOFTWARE SOLUTIONS, INC.

Current Principal Place of Business:

2802 CLOVER DEW COURT
VALRICO, FL 33594

New Principal Place of Business:

2926 STARMOUNT DRIVE
VALRICO, FL 33594

Current Mailing Address:

PO BOX 487
HACKETTSTOWN, NJ 07840

New Mailing Address:

2926 STARMOUNT DRIVE
VALRICO, FL 33594

FEI Number: 22-2013601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOWERS, HERB
2802 CLOVER DEW COURT
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

BOWERS, HERBERT J PRES.
2926 STARMOUNT DRIVE
VALRICO, FL 33594 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HERBERT J. BOWERS

10/20/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOWERS, HERBERT J
Address: 2802 CLOVER DEW COURT
City-St-Zip: VALRICO, FL 33594

Title: T () Delete
Name: BOWERS, FAY A
Address: 2802 CLOVER DEW COURT
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOWERS, HERBERT J
Address: 2926 STARMOUNT DRIVE
City-St-Zip: VALRICO, FL 33594

Title: T (X) Change () Addition
Name: BOWERS, FAY A
Address: 2926 STARMOUNT DRIVE
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAY A. BOWERS

T

10/20/2005

Electronic Signature of Signing Officer or Director

Date