

F99000000622

TRANSMITTAL LETTER

To: **Qualification/Tax Lien Section
Division of Corporations**

SUBJECT: MAIN SOLUTIONS INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following: 100002760701--8

ALEXIOS K. SINOS

(Name of Person)

MAIN SOLUTIONS INC.

(Firm/Company)

1424 SEAGULL DR. APT #306

(Address)

PALM HARBOR, FL. 34685

(City/State/Zip)

-02/01/99--01128--007
*****78.75 *****78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Should you need to call someone concerning this matter, please call:

ALEXIOS K. SINOS

(Name of Person)

at (727) 789-0852

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

2/2/99

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. MAIN SOLUTIONS INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. CONNECTICUT 3. 06-1370878
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6-23-93 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1-2-99
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1424 SEAGULL DR. APT. 306
PALM HARBOR, FL. 34685
(Current mailing address)

8. COMPUTER CONSULTING
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: ALEXIOS K. SIMOS

Office Address: 1424 SEAGULL DR. APT. 306
PALM HARBOR, Florida, 34685
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Alex K Simos

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: ALEXIOS K. SINOS

Address: 1424 SEAGULL DR. APT. 306

PALM HARBOR, FL. 34685

Vice Chairman: HEATHER J. SINOS

Address: 1424 SEAGULL DR. APT. 306

PALM HARBOR, FL. 34685

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: ALEXIOS K. SINOS

Address: 1424 SEAGULL DR. APT. 306

PALM HARBOR, FL. 34685

Vice President: ALEXIOS K. SINOS

Address: 1424 SEAGULL DR. APT. 306

PALM HARBOR, FL. 34685

Secretary: HEATHER J. SINOS

Address: 1424 SEAGULL DR. APT. 306

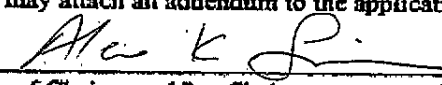
PALM HARBOR, FL. 34685

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ALEXIOS K. SINOS - PRESIDENT
(Typed or printed name and capacity of person signing application)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,
and keeper of the seal thereof, DO HEREBY CERTIFY, that

MAIN SOLUTIONS INC

incorporated under the laws of Connecticut is in existence.



Secretary of the State

Date Issued: January 14, 1999

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA