

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000014399*

1. Corporation Name

*Insight Management Solutions, Inc*

2. Principal Office Address

*5373 Ehrlich Road*

Suite, Apt. #, etc.

*Suite 203*

City & State

*Tampa, FL*

Zip

*33625*

Country

*USA*

3. Mailing Office Address

*5373 Ehrlich Road*

Suite, Apt. #, etc.

*Suite 203*

City & State

*Tampa, FL*

Zip

*33625*

Country

*USA*

**REINSTATEMENT**

*01-03*

4. Date Incorporated or Qualified  
To Do Business in Florida

*4-3-1996*

5. FEI Number

*22-3433624*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

*John Coppola*

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

*5373 Ehrlich Road*

Suite, Apt. #, Etc.

*Suite 203*

City

*Tampa*

State

*FL*

Zip Code

*33625*

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

*John Coppola*

REGISTERED AGENT MUST SIGN

Date *11-6-03*

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>Pres</i>	<i>John Coppola</i>	<i>5373 Ehrlich Rd Ste 203</i>	<i>Tampa FL 33625</i>

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:

*John Coppola*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11-6-03*

Date

*813 265-4987*

Daytime Phone #

CR2E081 (10/02)

John Coppola  
Insight Management Solutions, Inc.  
5373 Ehrlich Road Suite 203  
Tampa, FL 33625

**Document Number** P00000014399

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314  
850-245-6059

December 3, 2003

Sirs,

I received your letter 603A00062307 dated 11/17/03 concerning my request for reinstatement of the above corporation in response to my letter of 11/6/03.

In that letter I explained that I had not received notice of Annual Report not being filed. I sent a check for \$150.00, which was acknowledged in your letter.

I called your office and spoke to Ms. Maryvita and she confirmed to me again that the \$600.00 reinstatement fee does not apply, since I did not receive any notice of Annual Report not being filed. She stated that the fees applicable are \$150.00 per year for 2001, 2002 and 2003 for a total of \$450.00 of which I have already paid \$150.00.

Therefore I am enclosing a check for \$300.00 for the balance due. I have also enclosed completed UBR forms for the years 2001, 2002 and 2003.

Sincerely,



John Coppola, President  
Insight Management Solutions, Inc.