PLEASE READ ALL INSTRUCTIONS BEFO

FLORIDA DEPARTMENT OF Jim Smith

> Secretary of State DIVISION OF CORPORATIONS





P00000030454

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

1. Corporation Name

DOCUMENT #

SUBMISSION METHODS, INC.

2. New Principal Office Address, If Applicable

Principal Place of Business

Mailing Address

25120 RIDGE OAKS DR. BONITA SPRINGS FL 34134

Suite, Apt. #, etc.

25120 RIDGE OAKS DR. **BONITA SPRINGS FL 34134**

3. New Mailing Office Address, If Applicable

02'NOV -7 PM 2:43 SEGNETARY OF STATE TALLAHASSEE. FLORIDA

FILED

UMPLETING THIS FORM.

4.	Date Incorporated or Qualified To Do Business in Florida	

03/24/2000

Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip		Suite, Apt. #, etc.						
						OF 40000PP	Applied For	
				-	65-1009675	Not Applicable		
		- Country.		6. \$8.75 Additional Fee		Additional Fee required a Certificate of Status		
7. Names a	and Street Addresses of Each Officer	and/or Director (Fig	orida nonprof	it corporations must list a	l least 3 directors)			
Title(s)	Name of Officers and/or Directors	5	3	Street Address of E Officer and/or Direct	ach	City / Stat	e / Zip	
PPT	LEWIS, KENNETH A	25120 RIDGE OAKS DR.			BONITA SPRINGS FL 34134			
S	SCAUIN, RICI	HARD	1112	BROAD	STRERT	BRIDGEPOR	T, CT	
	,			**		000861716		
					10/28/	0201052020 *	*150.00	
					10.	400008617 /28/020105202	204 1 *** 75	
			-					
	8. Name and Address of Curr	ent Registered Age	nt		Name and Address of New Registered Agent			
SUBMISSION METHODS INC. C/O K/ LEWIS					Name KENNRTH LAWIS Street Address (P.O. Box Number is Not Acceptable)			
25120 RIDGE OAK DRIVE				Street Address	(P.O. Box Number i	s Not Acceptable)	DAIL DR	

Bowlt4

I, being appointed the registered agent of the above name. corporation am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

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 filling 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.

City

284

Submission Methods, Inc. 25120 Ridge Oak Drive Bonita Springs, FL 34134

Tel: 239.498.2267 Fax: 239.498.1936

November 7, 2002

Jim Smith, Secretary of State Florida Dept. of State Division of Corporations P.O. Box Tallahassee, FL 32314

-Dear Mr. Smith:

Pursuant to your notice of Administrative Dissolution, the instructions indicate that if I had not received two prior uniform business reports, UBR, then your instructions indicate that I must inform you of this event by this letter. In this event pursuant to your instructions I have also enclosed the "Application for Reinstatement" and the required fee of \$150.00 for a for-profit corporation on Document # P00000030454.

At no time did Submission Methods, Inc. or its registered agent, Kenneth Lewis receive two prior uniform business reports, UBR's.

Submission Methods Inc. has not changed its address.

Thank you for our reinstatement.

Sincerely,

Kenneth A Lewis

President