

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000096834**

1. Corporation Name

WHITE BOX SOLUTIONS, INC.

Principal Place of Business

Mailing Address

1100 N. FLORIDA MANGO, UNIT C
W. PALM BCH FL 33407

1100 N. FLORIDA MANGO, UNIT C
W. PALM BCH FL 33407

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

10/12/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1048594

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDV	CARNEY, JOHN	1100 N. FLORIDA MANGO, UNIT C	W. PALM BCH FL 33407

000004733070--9
-12/19/01--01056--022
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARNEY, JOHN
1100 N. FLORIDA MANGO, UNIT C
W. PALM BCH FL 33407

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

John Carney
REGISTERED AGENT MUST SIGN

Date

Nov. 7, 2001

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:

John Carney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nov. 7, 2001

1027

2001 UBR

CRE040 (801)

2 of 2

*White Box Solutions, Inc.
1100 N. Florida Mango, Unit C
W. Palm Beach, FL 33407*

November 15, 2001

Division Of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed is my Application For Reinstatement, along with my corporate renewal fee of \$150.00 dollars.

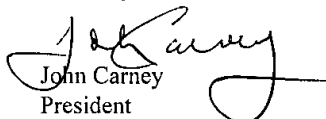
I just incorporated my business, White Box Solutions, Inc., in October of 2000. I was not aware that I was required to renew my corporate status every year and since I did not receive any notification requesting me to do so, I was under the assumption that everything was fine. I see now that I was mistaken and have taken precautionary measures to insure that this does not happen again.

Being that this was my first time having to renew, I ask that you please forgive the penalty for filing late and accept the \$150.00 check I've enclosed.

Should you have any questions or need additional information, feel free to contact me at: 561-686-3507

Thank you for your assistance in this matter.

Sincerely,


John Carney
President