

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -4 PM 3:39

DOCUMENT # **P01000000004**

1. Corporation Name
End-2-End IT Services and Solutions Inc

300004629353--3
-10/10/01--01030--015
****158.75 ****158.75

2. Principal Office Address
12488 E. Irlo Bronson Hwy
Suite, Apt. #, etc.

3. Mailing Office Address
12488 E. Irlo Bronson Hwy
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida **12-29-00**

City & State
St. Cloud, FL
Zip **34773** Country **Osceola**

City & State
St. Cloud, FL
Zip **34773** Country **Osceola**

5. FEI Number **593701228**
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$2.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Lorilee Yearly**
Street Address (P.O. Box Number is Not Acceptable)
12488 E. Irlo Bronson Hwy.
Suite, Apt. #, Etc.
City **St. Cloud** State **FL** Zip Code **34773**

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 **Lorilee Yearly** Date **Sept. 27, 01**
REGISTERED AGENT MUST SIGN

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
PS	Lorilee Yearly	12490 E. Irlo Bronson Hwy	St. Cloud, FL 34773
T	Lorilee Yearly	12490 E. Irlo Bronson Hwy	St. Cloud, FL 34773
S	Lorilee Yearly	12490 E. Irlo Bronson Hwy	St. Cloud, FL 34773

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: **Lorilee Yearly** **Lorilee Yearly** **9/27/01** **407-891-6555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP02001 (8/00)

END-2-END IT SERVICES AND SOLUTIONS
INCORPORATED
IT CONSULTING SERVICES • WAN/LAN NETWORKS • DATA CABLING

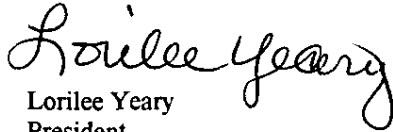
October 2, 2001

To whom it may concern:

This letter is in reference to Corporation Reinstatement for the business End-2-End IT Services and Solutions. On September 21, 2001 the corporation was placed in an inactive status for failure to submit the annual report. I took over the business in July; I never received any documentation requesting the annual report. In June of 2001 the business name and location was changed. Enclosed is a check for 150.00 to reinstate the business, I am also requesting that that the late fee be waived.

I would also like a certificate of status for the above named corporation as well. If there are any questions or concerns in this matter please contact me at 407-891-6555.

Sincerely,


Lorilee Yeary
President

Enclosure: Reinstatement Form, Fee to reinstate Corporation, Fee for certificate of Status