

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 NOV 25 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000014569**  
1. Corporation Name  
**GOVERNMENT SOLUTIONS, INC.**

2. Principal Office Address

**1881 6TH ST**

Suite, Apt. #, etc.

City & State

**SARASOTA, FL**

Zip

**34236**

Country

**USA**

3. Mailing Office Address

**P.O. BOX 15473**

Suite, Apt. #, etc.

City & State

**SARASOTA, FL 34277**

Zip

**34277**

Country

**USA**

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**2/1/2001**

5. FEI Number

**65-1105592**

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

**FULKER, SHAWN C.**

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

**1881 6TH ST**

Suite, Apt. #, Etc.

City

**SARASOTA, FL**

State

**FL**

Zip Code

**34236**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**11/20/03**

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
PRES.	SHAWN FULKER	1881 6TH ST	SARASOTA, FL 34236

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/20/03**

Date

**(941)232-0584**

Daytime Phone #

202

GovernMedia Solutions, Inc.  
1881 6<sup>th</sup> Street, Sarasota, FL 34236  
(941) 954-0763

November 20, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

I am requesting reactivation of my corporation entitled "GovernMedia Solutions, Inc." The corporation was deactivated for failure to submit an annual report for 2002. I did not receive the notice from the State of Florida that a report was due to be filed, and did not realize I was required to do this. I was called to active duty in the U.S. Army, and had a difficult time receiving mail for quite some time.

I am enclosing a Corporate Reinstatement Form and a check for \$300.00, which covers the years 2002 and 2003. I hope that I have followed the instructions correctly, if not please do not hesitate to call me at 941-232-0584.

Thank you for your time in this matter.

Regards,



Shawn C. Fulker  
President