PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

1180 CELEBRATION BLVD

DOCUMENT #

P01000078834

1. Corporation Name

CONVERSION SOLUTIONS, INC.

Principal Place of Business

Mailing Address

Suite, Apt. #, etc. SUITE

ELEBRATION

City & State

-817 POWDER HORN ROW -LAKELAND-FL 33909-

Suite, Apt. #, etc.

City & State

180 CELEBRATION

JUITE 106

-617-POWDER HORN ROW LAKELAND FL 33009

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

300008995073 11/14/02--01025--011 **158.75

SECRETARY OF STATE DEVISION OF CORPORATIONS

02 OCT 29 AM 8: 01

Date Incorporated or Qualified To Do Business in Florida

08/10/2001

5. FEI Number

Not Applicable

Applied For

CERTIFICATE OF STATUS DESIRED X

\$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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director D CAREY, JAMES E III 617 POWDER HORN ROW LAKELAND FL 33809 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent F & L CORP. 200 LAURA ST., GREENLEAF BLDG. 3RD FLOOR

Celebration

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. or 617.0505, F.S.

Signature of

JACKSONVILLE FL 32201

GEGISTERED AGENT MUST SIGN

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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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1180 Celebration Blvd Suite # 106 Celebration, Florida 34747

October 29, 2002

Mr. Andy Dunlap Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Dear Mr. Dunlap:

Per our conversation today, I would like to follow up with this completed application for reinstatement for Conversion Solutions, Inc. I am also including a check in the amount of \$150.00 and the documentation that proves we had previously filed for renewal of the corporate name.

The paperwork included with this letter shows that our company attempted to comply with the letter from Cathy Stauffer in the Division of Corporations and sent a check to her for \$78.75 to correct the problem stated in her letter. This check was never cashed and after a follow up call to Ms. Stauffer she had told me that the company that handled the electronic payments for you had settled the amount and we would not have to pay the said amount of \$78.75.

I have also included the documentation to show that our company did send a USB form and a check for \$55.00. I checked with our bank and the check was never cashed by your offices. I now realize that the wrong form was used and the wrong amount sent to your office.

I would like to personally thank you for helping to clear this matter up. Per your suggestion, I will follow up in about 2 weeks to make sure that you have received all of the information needed to reinstate the corporate name.

Sincerely,

Patricia Anastasio Office Manager

Tricia anastasio