

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

late

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

(H03000133101 3)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0203

DOCUMENT # P01000090574

1. Corporation Name
IK SOLUTIONS, INC.

2. Principal Office Address 8850 Canopy Oaks Drive Suite, Apt. #, etc.	3. Mailing Office Address 8850 Canopy Oaks Drive Suite, Apt. #, etc.
City & State Jacksonville, Florida	City & State Jacksonville, Florida
Zip 32256	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida **9/11/01**

5. FEI Number **55-0797137** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED SB 73 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Devi Indukuri**

Street Address (P.O. Box Number is Not Acceptable)
8850 Canopy Oaks Drive

Suite, Apt. #, etc.

City **Jacksonville** State **FL** Zip Code **32256**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date **4-21-2003**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Devi Indukuri	8850 Canopy Oaks Drive	Jacksonville, FL 32256

10. I certify that I am an officer or director or the recipient of limited empowerment 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 corporation has satisfied the requirements of section 607.0401 or 617.0401, F.S., that all taxes 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(2)(g), 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]* Date **4-21-2003** 866-354-5765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Call

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

IK SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00