

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 30 PM 3:03

DOCUMENT # P01000096721

1. Corporation Name

Mozart Solutions, Inc.

2. Principal Office Address

9511 W. Park Village Dr

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33626

Country

USA

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

9/28/2001

5. FEI Number

593749035

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

Olivier De Meulder

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

9511 West Park Village Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33626

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

1-22-03

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
P	Olivier De Meulder	9511 W. Park Village Dr. Tampa FL 33626	Tampa, FL 33626
D	Allison De Meulder	9511 W. Park Village Dr.	Tampa, FL 33626

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]

Olivier De Meulder

1-23-03

813-230-9776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

MOZART SOLUTIONS, INC.

January 23, 2004

Department of State
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

Dear Sir or Madam:

~~RE: MOZART SOLUTIONS, INC. DOCUMENT NUMBER P01000096721.~~

The above mentioned corporation was made inactive in 2003. Due to a change of address, we did not receive the UBR form in the mail. Please find a Corporation Reinstatement Form enclosed.

In a telephonic conversation with the Department of State, some lady mentioned that by writing this letter, it would wave the re-instatement fees. I included \$300 for last year's and this year's filing fees.

For your records, the new address is: 9511 West Park Village Drive, Tampa, FL 33626.

I appreciate your help in this matter.

Sincerely,



Olivier De Meulder
President