

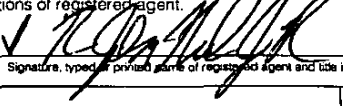
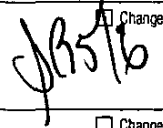



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000005080 1. Entity Name N-SOLUTIONS, INC.				FILED 05 MAY -2 PM 3:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 600 SILVER BIRCH PL. LONGWOOD, FL 32750		Mailing Address 600 SILVER BIRCH PL. LONGWOOD, FL 32750			
2. Principal Place of Business 102 Ridge Rd Suite, Apt. #, etc.		3. Mailing Address PO Box 521092 Suite, Apt. #, etc.			
City & State Lake Mary, FL Zip 32746		City & State Longwood, FL Zip 32752-1092			
4. FEI Number 47-0848408		Applied For <input type="checkbox"/> Not Applicable		04272005 REIN-P CR2E098 (6/04) 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRICE, CHARLES W 6500 S. US HWY. 17-92 FERN PARK, FL 32730		7. Name and Address of New Registered Agent Name Nida, R. John Street Address (P.O. Box Number is Not Acceptable) 102 Ridge Rd City Lake Mary FL Zip Code 32746			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  Pres R John Nida Jr 4/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIDA, R. JOHN 600 SILVER BIRCH PL. LONGWOOD, FL 32750	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 102 Ridge Rd Lake Mary, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEVILL, MARK 613 FRUITWOOD AVE. WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 300562 Fern Park, FL 32730-0562	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400054211324 05/10/05--01054--003 ***300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Pres. R. John Nida Jr 4/20/05 321 228 8095 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					