

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 APR -6 PM 2:00

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000105641

1. Corporation Name

Riley Technology Solutions, Inc.

2. Principal Office Address

12157 W. Linebaugh Ave.

Suite, Apt. #, etc. 334

City & State

Tampa, FL

Zip

33626

Country

Hillsborough

3. Mailing Office Address

12157 W. Linebaugh Ave.

Suite, Apt. #, etc. 334

City & State

Tampa, FL

Zip

33626

Country

Hillsborough

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10-01-02

5. FEI Number

56-2295727

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

John E. Riley

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

12157 W. Linebaugh Avenue

Suite, Apt. #, Etc.

#334

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

John E. Riley

Date 4/3/06

REGISTERED AGENT MUST SIGN

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
<u>President</u>	<u>Mr. John E. Riley</u>	<u>4014 W. Laurel St.</u>	<u>Tampa, FL 33607</u>
			<u>100070442401</u>
			<u>04/14/06 01023 017 **1000.00</u>
			<u>100070442401</u>
			<u>04/14/06--01023--018 **50.00</u>

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 contained in Chapter 119, 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:

John E. Riley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06

Date

813-770-8202

Daytime Phone #