

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000052371

**FILED**  
**Jan 17, 2006**  
**Secretary of State**

**Entity Name:** RELIANCE TRANSITION SYSTEMS INC.

**Current Principal Place of Business:**

13200 CORBEL CIRCLE 913  
FORT MYERS, FL 33907

**New Principal Place of Business:**

7557 KEY DEER CT  
FORT MYERS, FL 33912

**Current Mailing Address:**

13200 CORBEL CIRCLE 913  
FORT MYERS, FL 33907

**New Mailing Address:**

7557 KEY DEER CT  
FORT MYERS, FL 33912

**FEI Number:** 20-0933199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KANNAN, PONNI  
13200 CORBEL CIRCLE 913  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

KANNAN, PONNI  
7557 KEY DEER CT  
FORT MYERS, FL 33912 US

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.

SIGNATURE: PONNI KANNAN

01/17/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MS ( ) Delete  
Name: KANNAN, PONNI  
Address: 13200 CORBEL CIR 913  
City-St-Zip: FORT MYERS, FL 33907 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MS (X) Change ( ) Addition  
Name: KANNAN, PONNI  
Address: 7557 KEY DEER CT  
City-St-Zip: FORT MYERS, FL 33912 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PONNI KANNAN

MS

01/17/2006

Electronic Signature of Signing Officer or Director

Date