

2005 FOR PROFIT CORPORATION REINSTATEMENT

Pg 1 of 2

DOCUMENT # P03000090710 1. Entity Name IDEA PROS, INC.			
Principal Place of Business 155 N RANGE RD COCOA, FL 32926		Mailing Address 155 N RANGE RD COCOA, FL 32926	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1700 TERRACE LAKE DR.	
City & State City: LAWRENCEVILLE, GA		4. FEI Number 01-0795478	
Zip 30043		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent JOHNS, STEPHEN 155 N RANGE RD COCOA, FL 32926		7. Name and Address of New Registered Agent Name: DALE WRIGHT Street Address (P.O. Box Number is Not Acceptable): 4165 CROOKED MILE RD. City: MERRITT ISLAND FL Zip Code: 32952	
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: <i>Dale Wright</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: MAY 23-05 <small>(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	D JOHNS, STEPHEN	TITLE	D. WRIGHT, DALE
NAME	783 KILLARNEY CT	NAME	4165 CROOKED MILE RD.
STREET ADDRESS	MERRITT ISLAND, FL 32953	STREET ADDRESS	MERRITT ISL., FL 32952
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D WRIGHT, KEVIN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1700 TERR LAKE DRIVE	NAME	
STREET ADDRESS	LAWRENCEVILLE, GA 30043	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	D WRIGHT, TOBIN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	550 S BREVARD AVE #512	NAME	
STREET ADDRESS	COCOA BCH, FL 33931	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 names empowered.			
SIGNATURE: <i>Kevin Wright</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 5-18-05 (710) 682-0445 <small>Daytime Phone #</small>	

14/23/05 01025 002 150.00



05162005 REIN-P CR2E098 (6/04)

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

04-25

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PS 2/12

To Whom It May Concern:

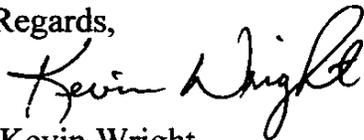
This is to notify you that we paid our Profit Corporation Reinstatement fee of \$150.00 for the year 2004 in Dec. of 2004. Our check was written on Dec. 29, 2004, and the check number was 1982. The Wachovia bank, that the checking account is with, showed that the check was sent to them and the \$150.00 was withdrawn from that account. I spoke with one of your representatives today and he told me that there was no record of it but for me to write a note stating that we had indeed paid it.

I am also writing to request a waiver of the late fee for reinstatement for the year 2005 as we never received a notice. I knew it had to be paid but was not sure when and went ahead and sent a check back in March of this year. The attendant told me that the check was not deposited but was returned because we did not have the reinstatement form with it. We never received the returned check either. So, along with this letter I am including a downloaded reinstatement form and our check in the amount of \$150.00, and asking you to please waive us from having to pay the late fee.

On the reinstatement form we are also changing the Registered Agent name and address. The new Registered Agent has been added to our corporation and is also shown on the form as being added in box #11.

If you have any questions please address them to me. Thank you for your consideration of our situation.

Regards,



Kevin Wright
1700 Terrace Lake Dr.
Lawrenceville, GA 30043
770-682-0445
kevinwright@alumni.liberty.edu

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