

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 JAN -4 AM 11:11  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000102128

**1. Corporation Name**

Your Solution Source, Inc.

**2. Principal Office Address**

13323 Second St

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33905

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (8/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/08/2003

**5. FEI Number**

65-1208011

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

Linda Miller

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

13323 Second St.

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33905

**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]*

Date

12/30/05

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
Pres.	Linda Miller	13323 Second St.	Fort Myers, FL 33905 -

REINSTATEMENT 05

T. Roberts JAN 09 2006

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/05

Daytime Phone #

239-872-3221