2007 FOR PROFIT CORPORATION REINSTATEMENT

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 Entity Mame 	•.	UTIONS, INC.				_	7 JAN 31					
Principal Place	of Business	s	Mailing Address				אידות מבור אידות מבור	ECHELANI MARIONE	e e pubelo	Δτ.π	א דרוד	
2920 WOODPI			2920 WOODPINE CT					THE CALL		ML.	$\mathbb{I}_{\mathcal{A}}$ \mathbb{T}	
sarasota, fl	34231		SARASOTA, FL 34231			06-0	17					
2. Principal Place of Business 5753 FORESTER POND AVE Suite, Apt. #, etc. 3. Mailing Address 5753 FORESTER POND AVE Suite, Apt. #, etc. 3. Mailing Address 5753 FORESTER POND AVE 1042007 REIN-P CR2E098 (11/05)												
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City & State SARASOTA, FL			City & State SARASOTA, FL				4. FEI Numbe 20-073			No	plied For t Applicable	
34243	243 USA		34243	34243 USA				of Status Desired	□ Fe	3.75 Add e Require		
	6. Name	and Address of Current R	Registered Agent		Name		7. Name and	Address of New	Registered Age	ent		
MYERS, BRENT J 3333 CLARK ROAD						Street Address (P.O. Box Number is Not Acceptable)						
SUITE 100												
SARASOTA	, FL 342	231			City				FL	Zip Code	9	
8. The above n	amed entity	y submits this statement for	the purpose of changing i	ts register	ed office ar	register	ed agent, or bol	th, in the State of F	1	niliar with,	and accept	
the obligations of registered agent.												
SIGNATURE Synditure, liped or brailed game, register-or opposite all applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILI	E NOW!!!	FEE IS \$300.00						In accordance corporation did				
10.		OFFICERS AND [11.		<u> </u>	ADDITIONS/	CHANGES TO OF				
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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: JON LADD 1/24/07												
								!				

KING'S WAY SOLUTIONS, INC. 5753 Forester Pond Avenue Sarasota, FL 34243

January 10, 2007

DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. Box 6327 Tallahassee, FL 32314

Re: Annual Uniform Business Report, 2006 & 2007 F.E.I.N. 20-0732750

Dear Sir/Madam:

This letter is to request that the Florida Department of State reinstates KING'S WAY SOLUTIONS, INC., F.E.I.N. 20-0732750, to an active status without penalty.

Our report was not filed in a timely manner due to never receiving notice from the State regarding the 2006 Annual Uniform Business Report. Enclosed please find our check in the amount of \$300.00 to cover the original filing fee for both 2006 and 2007, along with our report.

Upon your review of the situation and circumstances, we request a written statement be provided from your organization that will notify us as to the outcome of this matter.

Thank you for your consideration and assistance in this matter.

Very truly yours,

Jon Ladd Enclosures