PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2. Principal Office Address - No P.O. Box # 1 South—Eola -Dr1—South -Eola Dr	2E081 (12/07)
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 1 South—Eola - Dr	5/07/2004 Applied For
2. Principal Office Address - No P.O. Box # 1 South—Eola -Dr1—South -Eola Dr	2E081 (12/07) ified 5/07/2004 Applied For
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Suite, Apt. #, etc. Suite, Apt. #, etc. 4- Date Incorporated or Qual To Do Business in Florida City & State Orlando, FL Orlando, FL 5- FE! Number 34-1993729	5/07/2004 Applied For
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Orlando, FL Orlando, FL 34-1993729	
	AND AND ADDRESS OF THE PARTY OF
Zip Country Zip Country 6.	\$8.75 Additional Fee required
32801 USA 32801 USA CERTIFICATE OF STATUS DE	of or a Cortificate of Status
7. Name and Address of Current Registered Agent	
Name Charica Rotho	t fee is imposed, except in
Changi Address (D.O. Boy Number in Net Assentable)	ich the entity did not receive
1 South Pola Dr	By checking this box, you be prior notices were not
Suite, Apt. #, Etc. received and rec	juesting the reinstatement
#14 fee be waived.	
Orlando FL 32801	
8. I, being appointed the registered agent of the above hamed corporation, am familiar with and accept the obligations of section 607.0505 or	617.0503, F.S.
Signature of	1. 1.
Registered Agent Date	02/21/8
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each	City / State / Zip
Officers and/or Directors Officer and/or Director	Only / Class / Class
P Chris Botha '1 South Eola Dr. Orlan	do, FL 32801
03/05/08-1-01/03	1480837 87014 **600.00
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 61 this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607 owed by the corporation have been paid and the names of introducts listed on this form do not qualify for an exemption contained in Chapton this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	7.0401 or 617.0401, F.S., that all fees
and the law	3030000
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3(2 307 05% Daytime Phone #

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APO Solutions, Inc. 1 S. Eola Dr., #14 Orlando, Florida 32801 (312) 307-0566

February 21, 2008

Ms. Leah Gable Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Reinstatement of APO Solutions, Inc.

Dear Leah,

I am writing this letter in conjunction with filing for reinstatement for my wholly-owned corporation, APO Solutions, Inc.

I was shocked to find out that APO has fallen into administrative dissolution. I am a computer network specialist and I spent most of my time traveling at various client locations. I never saw the postcards that were apparently sent out that would have prompted the annual renewal process. Had I seen them, or known about them, I would have addressed them immediately, as I do all of my business concerns.

In addition to these conditions, I have gone through a divorce during this time frame which may have added to problems in receiving my mail. I am very desirous of resolving this situation rapidly and brining my corporation back into good standing with the state of Florida. I respectfully ask for abatement of the \$600 reinstatement fee.

I have enclosed a check for \$600 representing the annual report fees and corporate supplemental fees for the past 4 years.

I appreciate your prompt attention to this matter and look forward to the expeditious reinstatement of APO to active status.

Sincerely,

Chris Botha, President