

2006 FOR PROFIT CORPORATION REINSTATEMENT

Page 1 of 2

DOCUMENT # P04000153322 1. Entity Name KEYSTONE BUSINESS SOLUTIONS, INC.					
Principal Place of Business 2203 N. LOIS AVENUE SUITE M-200 TAMPA, FL 33607			Mailing Address 2203 N. LOIS AVENUE SUITE M-200 TAMPA, FL 33607		
2. Principal Place of Business 4314 BAYSIDE VILLAGE DR Suite, Apt. #, etc. UNIT 302		3. Mailing Address 4314 BAYSIDE VILLAGE DR. Suite, Apt. #, etc. UNIT 302			
City & State TAMPA, FL		City & State TAMPA, FL			
Zip 33615		Country HILLSBOROUGH		Zip 33615	
Country HILLSBOROUGH		4. FEI Number 16-1710200			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRAS, KELLY A 17907 SPARROWS NEST DRIVE LUTZ, FL 33558			7. Name and Address of New Registered Agent Name JACK L POWELL Street Address (P.O. Box Number is Not Acceptable) 4314 BAYSIDE VILLAGE DR. UNIT 302 City TAMPA FL Zip Code 33615		
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: <u><i>Jack L Powell</i></u> DATE: <u>9/5/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, MICHAEL 1355 EAST LAKE DRIVE TARPON SPRINGS, FL 34688	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, MICHAEL 613 THORNTON DR. FRANKLIN, TN 37064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRAS, KELLY A 17907 SPARROWS NEST DRIVE LUTZ, FL 33558	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POWELL, JACK L. 4314 BAYSIDE VILLAGE DRIVE, #302 TAMPA, FL 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800080388488 10/03/06--01028--008 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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: <u><i>Jack L Powell</i></u> JACK L POWELL, SECRETARY <u>813-880-0894</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

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SECRET
TALLAHASSEE, FLORIDA



REINSTATEMENT 05-06
09022006 U REIN.P CR2E088 (41/C)

W00

9/5/06

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

Daytime Phone #

Jack L Powell
4314 Bayside Village
Unit 302
Tampa, FL 33615
813-880-0894

Page 2 of 2

September 5, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document Number P04000153322
Keystone Business Solutions, Inc.
Corporation Reinstatement

Dear Sir/Madam,

Enclosed is the Corporation Reinstatement Form for year 2006 with my check number 531 dated September 5, 2006 in the amount of \$300.00 for the filing fees that are due.

Our Company recently made some internal changes that required a physical office move and an employee change. Unfortunately, the Secretary of State filing became one of the casualties. Filing forms were lost or were never received.

The officers of the company resolve to bring all filings to a current status and file in a timely manner in the future. Therefore, we respectfully request waiver of the Reinstatement fee that is normally imposed. Thank you for your consideration and patience.

Sincerely,



Jack L Powell
Corporate Secretary