


2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

112

06 SEP 20 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000093842	
1. Entity Name THREE SQUARE BUSINESS SOLUTIONS, INC.	

Principal Place of Business 7928 DIMAL COURT ORLANDO, FL 32828	Mailing Address 7928 DIMAL COURT ORLANDO, FL 32828
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2. Principal Place of Business 4455 Fountainview lane Suite, Apt. #, etc. 610 City & State Orlando, FL Zip 32808 Country USA	3. Mailing Address 4455 Fountainview lane Suite, Apt. #, etc. 610 City & State Orlando, FL Zip 32808 Country USA
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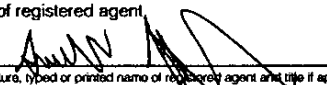
09182006 REIN-P CR2E098 (11/05)

4. FEI Number 20-3085068	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAPP, ANDREW D 4789 MUIR VILLAGE ORLANDO, FL 32808	7. Name and Address of New Registered Agent Name Andrew Mapp Street Address (P.O. Box Number is Not Acceptable) 4455 Fountainview lane, #610 City Orlando FL Zip Code 32808
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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.

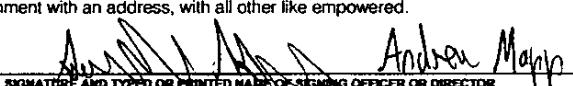
SIGNATURE  DATE 09/18/06

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

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAPP, ANDREW D 4789 MUIR VILLAGE ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900080091459 09/22/05--01048--016 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  **Andrew Mapp** **09/18/06** **321-206-6710**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/2



Three Square Business Solutions

September 18, 2006

Dear Sir or Madam:

Please waive the reinstatement fee. I had not received the letter of rejection for the annual report. It was sent to the wrong address. Feel free to call (407) 435-0057, for further questioning or reach me via: amapp@three-square.com. If I can assist you in any other way, please let me know.

You can also visit me at www.three-square.com!

Sincerely,

Andrew Mapp, C.E.O.

Three Square Business Solutions

Certified Computer Forensic Expert