

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000009645

1. Corporation Name

RITTING INFORMATION SYSTEMS, INC.

Principal Place of Business

10014 N DALE MABRY HWY
STE 216
TAMPA FL 33618
US

Mailing Address

10014 N DALE MABRY HWY
STE 216
TAMPA FL 33618
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. — — — — —

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. — — — — —

City & State

City & State

Zip

Zip

Country

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
PVST	BEBEAN, JON M	10014 N DALE MABRY HWY STE 216	TAMPA FL 33610
			400005894464-2
			06/20/02-01084-022
			2012308.75 2012308.75
			10.00 - ARARTS
			88.75 - ACSupp
		01-02 UBR	8875-Cert

8. Name and Address of Current Registered Agent

BEBEAN, JON M
10014 N DALE MABRY HWY
STE 216
TAMPA FL 33618

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/26/02

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02 813-478-1849

Date

Daytime Phone #

Page 2 of 2

Ritting Information Systems, Inc.
10014 N. Dale Mabry Hwy, Suite 216
Tampa, FL 33618
813.962.7528

May 21, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

ATTN: Katherine Harris

Dear Ms. Harris,

This letter is to request a one-time waiver of the reinstatement fee of \$600. assessed for failure to file a Uniform Business Report for 2001, as we did not receive the 2001 notices, thus the corporate status changed to *inactive*.

Enclosed, please find our check #2033 for \$300.00, plus \$8.75 fee for a Certificate of Status, for a total of \$308.75.

Thank you for your consideration on this matter.

Sincerely yours,



Jon M. Bebeau
President – Ritting Information Systems, Inc.