## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P93000033369

HOVELL, KRISTINE

SARASOTA, FL 34241

3933 MAUI WAY

Name:

Address:

City-St-Zip:

Entity Name: SIMPLE FINANCIAL SOLUTIONS, INC

FILED Feb 22, 2005 Secretary of State

	OIIVII EE	1117/11401/120	020110140, 1140.					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
5777 BENE UNIT 14	EVA RD. S.							
SARASOT	A, FL 34233	US						
Current Mailing Address:				New Maili	New Mailing Address:			
5777 BENE UNIT 14	EVA RD. S.							
	A, FL 34233	US						
FEI Number:	65-0420811	FEI Number	Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
PREWETT 5777 BENE SARASOT.		US						
The above in the State		submits this s	tatement for the p	urpose of changing i	ts register	ed office or registered agent, or both,		
SIGNATUR	RE: DANIEL	PREWETT						
	Electro	nic Signature	of Registered Age	nt		Date		
		93(2)(b), F.S., the		t receive the prior notic	e.			
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD ( SCOTT, ALLAN 4410 GARCIA SARASOTA, F	AVE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	TDC ( PREWETT, DA 4410 GARCIA SARASOTA, F	AVE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VPD ( GEORGE, ELI: 4410 GARCIA SARASOTA, F	AVENUE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title:	S (	) Delete		Title:	s	(X) Change()Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SWANEY, NATALIE

2129 PHILLIPPI STREET

SARASOTA, FL 34231

SIGNATURE: ALLAN SCOTT PD 02/22/2005