

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000046827

1. Corporation Name
FINANCIAL CONTROL SYSTEMS INC.

Principal Place of Business Mailing Address
 2121 GORDON DR. NAPLES FL 34102 US
 2121 GORDON DR. NAPLES FL 33940

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

2. New Principal Office Address, If Applicable
 2021 Gordon Dr
 Suite, Apt. #, etc.
 City & State
 Naples, FL
 Zip
 34102 Country
 Collier

3. New Mailing Office Address, If Applicable
 Same
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
 06/28/1993

5. FEI Number
 65-0418450

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status



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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	ROACH, ROBERT	2121 GORDON DR. 2021 Gordon Dr	NAPLES FL 33940 34102

500002793395--6
 -03/03/99--01060--006
 ****300.00 ****300.00

8. Name and Address of Current Registered Agent
 PARKER, LARRY
 3078 N TAMiami TR, STE 200
 O
 NAPLES FL 34103

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc
 City State Zip Code
 FL

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 [Signature] REGISTERED AGENT MUST SIGN Date: 02-26-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax)

12. 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 (941-262-2279) 2/15/99 [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)

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PARKER & ASSOCIATES
3078 North Tamiami Trail, Suite #200
Naples, Florida 34103
941-262-2279
Fax 262-3766

February 23, 1999

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

Re: Financial Control Systems, Inc.
FEIN: 65-0418450
Re: Reinstatement

Dear Ms. Mortham:

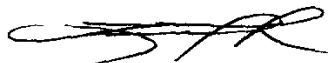
Please find enclosed an Application for Reinstatement regarding the above referenced Corporation, along with a check in the amount of Three Hundred Dollars for filing of the Annual Report for 1998 and 1999. We are aware that the assessed fees are \$750.00, but we are requesting abatement of the penalties due to circumstances which occurred during the year of 1998. We believe that Mr. Roach had reasonable cause and on his behalf we are therefore respectfully requesting abatement of all additional fees and penalties. Please consider the following information in your determination.

Beginning in September, November and December of 1997 and continuing on into January of 1998, Mr. Roach endured four heart surgeries and a quadruple bypass. Because of the seriousness of his medical problems, he and his wife could not attend to the details of the business, and were therefore mentally and physically unable to attend to the filing and payment requirements.

This was clearly not a case of willful attitude or intentional disregard for the filing of the annual report in a timely manner, but simply a matter of circumstances beyond ones control that made it impossible for the Mr. Roach to timely comply.

Your review of this account and your consideration of Mr. Roach's situation during the tax year involved will be greatly appreciated. If you are in need of any further information or documentation, please do not hesitate to contact Dr. Michael Flynn, Mr. Roach's cardiologist at 1-941-403-9569.

Sincerely,



Larry Parker
Tax Accountant

AH
cc: Financial Control Systems, Inc.
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