		PLEASE REA	D ALL INST	FRUCTIONS	BEFORE C	OMPLET	ING THIS FORM.	
	PLICATI FOR	SY DEPART)	A DEPARTMEN Katherine Ha Secretary of S	arris State	. 4	Page 1st2	
DIVISION OF CORPORATIONS						FILED		- 1
DOCUMENT # P94000081363						01 OCT 29 PH 6: 31		
1. Corporation Name								4
ESB SYSTEMS & CONSULTING, INC.							SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address						1		Į.
4624 ORANGE GROVE WAY PALM HARBOR FL 34684 US				4624 ORANGE GROVE WAY PALM HARBOR FL 34684 US				
		incorrect in any way, line	e through incorrect is	nformation and enter	correction below.	<u></u>		
New Principal Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.				ailing Office Address, If Applicable #, etc.		Date Incorp To Do Busir	orated or Qualified ness in Florida 11/07/1994]
			- City & State			5. FEI Number Applied For Applied For Not Applied For]
				<u> </u>		6.		
ZIP	Zip Country			Zip Country		CERTIFICATE	E OF STATUS DESIRED 55.75 Additional Fee require	
7. Names a	and Street Add	dresses of Each Officer]
Title(s)	Title(s) Name of Officers and/or Directors 2				Street Address of Each Officer and/or Director		City / State / Zip	
PTD	PTD ERDIES, TIMOTHY J.			4624 ORANGE GROVE WAY			PALM HARBOR FL	╛
VPSD	ERDIES, ARELI I.			4624 ORANGE GROVE WAY			PALM HARBOR FL	
						50	00046796855 -11/14/0101096013	
.							****158.75 ****150.00	
₹						78	Olubr	
Name and Address of Current Registered Agent Name						9. Name and A	Address of New Registered Agent	E040 (8/01)
ERDIES	S, TIMOTHY	J				ess (P.O. Box Number is Not Acceptable)		
4624 ORANGE GROVE WAY PALM HARBOR FL 34684						Suite, Apt. #, Etc.		
					City	City State Zip Code		
10. I, being	appointed the	e registered agent of the	above named corpr	oration, am familiar w	ith and accept the ol	oligations of Secti	ion 607.0505, F.S.] [
Signature of Registered A	f 4	Timethy	RESISTERED AG	ENT MUST SIGN	<u> </u>		Date 10/15/2001	

11. I certify that I am an officer or director on 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

10/15/2001

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Attn: Reinstatement Section Florida Department of State Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

October 23, 2001

Re: Annual Report for Ref # P94000081363, ESB Systems & Consulting, Inc

Dear Sir or Madam:

I am very concerned by the letter of Administrative Dissolution of my corporation I received recently. This is the third time I have mailed my Corporate Annual Report. Attached is the second letter I sent on June 29th. I had called a number of times in August and September and finally two weeks ago when I received the Dissolution. Each previous time I called, I was advised to let it go a little further. I was about to call when October came when I received the notice.

I am also including another check for \$158.75 (check #1295) as advised by Tyrone in your office recently. The first two checks were Bank Of America #2073 sent on March 31st and #1274 sent on June 29th. I am not sure if I should be sending your Reinstatement form so I have taken the precautionary step to fill it out and include it as well

This package was sent via Certified Mail as I am concerned that the contents will again be lost.

Sincerely,

Tim Erdies

time@esbsystems.com ESB Systems & Consulting, Inc

4624 Orange Grove Way

Palm Harbor, FL 34684-4023

(727) 781-4043 ID: P94000081363 FEIN: 65-0539501