

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

97 NOV 18 PM 2:07

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DOCUMENT # 96000010042

1. Corporation Name OPTIMUM SOLUTIONS, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Mailing Address: 593 Rasley Road, New Smyrna Beach, FL 32168
Principal Place of Business: 593 Rasley Road, New Smyrna Beach, FL 32168

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable: 950 S. Winter Park Dr.
3. New Principal Office Address, if Applicable: 950 S. Winter Park Dr.

4. Date Incorporated or Qualified To Do Business in Florida: January 29, 1996

Suite, Apt. #, etc.: Suite 301
City & State: Casselberry, FL
Zip: 32707 Country: USA

5. FEI Number: 59-3391958
Applied For: Not Applicable

6. CERTIFICATE OF STATUS DESIRED []

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

Table with 4 columns: Title, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for Eva Hurst at 950 S. Winter Park Dr., Ste. 301, Casselberry, FL 300002350823--4.

REINSTATEMENT -97

SC 11-18-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Eva Hurst
593 Rasley Road
New Smyrna Beach, FL 32168

Name: Eva Hurst
Street Address (P.O. Box Number is Not Acceptable): 950 S. Winter Park Drive, Suite 301
City: Casselberry, State: FL, Zip Code: 32707

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of Registered Agent: Eva Mae Hurst, Date: 11/14/97, REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [] (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [] (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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 I file 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., and the fees owed by the corporation have been paid. 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: Eva Mae Hurst, Eva Hurst, President, 11/14/97, (407) 339-0600



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ACCOUNT NO. : 072100000032

REFERENCE : 602789 4329479

AUTHORIZATION : *Patricia Pyzdek*

COST LIMIT : \$ 758.75

ORDER DATE : November 17, 1997

ORDER TIME : 9:43 AM

ORDER NO. : 602789-005

CUSTOMER NO: 4329479

CUSTOMER: Karen Didea, Legal Asst
Baker & Hostetler Suntrust
200 South Orange Avenue
Po Box 112
Orlando, FL 32802-0112

DOMESTIC FILINGS

NAME: OPTIMUM SOLUTIONS, INC.

RECEIVED
97 NOV 18 AM 11:53
DIVISION OF CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap
EXAMINER'S INITIALS _____