

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -6 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000042867

1. Corporation Name

CRM SOLUTIONS, INC.

2. Principal Office Address

900 FOX VALLEY DR.

Suite, Apt. #, etc.

SWEETWATER SQ, #106

City & State

LONGWOOD, FL

Zip 32779

Country USA

3. Mailing Office Address

P.O. Box 916097

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

Zip 32791-6097 Country USA

06/06/03--01038--001 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1997

5. FEI Number

59-3446343

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ERIC J. FULLER

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

900 FOX VALLEY DRIVE

Suite, Apt. #, Etc.

SUITE #106, SWEETWATER SQUARE

City

LONGWOOD

State

FL

Zip Code

32779

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

C. J. Fuller

REGISTERED AGENT MUST SIGN

Date

5/30/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DR.	CURTIS R. MITCHELL	424 TIMBER RIDGE DR	LONGWOOD, FL 32779

10. 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:

Curtis R. Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CURTIS R. MITCHELL

5/30/03

407-448-0744

Date

Daytime Phone #

CR2E081 (10/02)



May 30, 2003

To Whom It May Concern:

Please find attached a application for Corporate Reinstatement for my company:

Name: **CRM Solutions, Inc.**
Document #: **P97000042867**

It recently came to my attention that my corporation had been made inactive in October of 1998. Apparently, our initial Registered Agent, Wade F. Johnson, never made me aware of the requirement to file an annual Uniform Business Report. My Agent did not forward correspondence from your office to me so I did not receive the forms in 1998, neither the first nor second notice.

Due to the fact that I never received the required forms, and my Agent did not inform me of my responsibilities, I respectfully request that the \$600 Reinstatement Fee be waived. I have enclosed a check for \$900 which will pay the current and back Annual Report / Corporate Supplemental Fees.

Thank you very much for your consideration.

Sincerely yours,

A handwritten signature in black ink that reads 'Curtis Mitchell'.

Curtis R. Mitchell
President, CEO
CRM Solutions, Inc.