

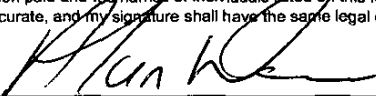


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P970000 60870		<b>FILED</b> 05 JUL -1 PM 3:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>1. Corporation Name</b> EASI ACCOUNTING SOLUTIONS, INC			
<b>2. Principal Office Address</b> 7088, SADDLE CREEK LANE  Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 7088, SADDLE CREEK LANE  Suite, Apt. #, etc.	
<b>City &amp; State</b> SARASOTA, FLORIDA		<b>City &amp; State</b> SARASOTA, FLORIDA	
<b>Zip</b> 34241	<b>Country</b>	<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 07/14/1997	
<b>5. FEI Number</b> 65-0774797		<b>Applied For</b> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>			
<b>7. Name and Address of Current Registered Agent</b>			
Name ALAN WARREN			
Street Address (P.O. Box Number is Not Acceptable) 7088, SADDLE CREEK LANE			
Suite, Apt. #, Etc.			
City SARASOTA		State FL	
		Zip Code 34241	
<b>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.</b>			
Signature of Registered Agent 		Date 06/27/2005	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	ALAN WARREN	7088, SADDLE CREEK LANE	SARASOTA, FL 34241
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<b>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.</b>			
<b>SIGNATURE:</b> 		ALAN WARREN 6/27/05 813-781-2003	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (01/05)