


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P970000086305					
1. Corporation Name Intella Information Services Inc					
2. Principal Office Address 308 Bay Arbor Blvd			3. Mailing Office Address 308 Bay Arbor Blvd		
Suite, Apt. #, etc. _____			Suite, Apt. #, etc. _____		
City & State Oldsmar FL			City & State Oldsmar FL		
Zip 34677	Country Pineellas	Zip 34677	Country Pineellas		

FILED
02 JAN 22 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001-2002 UBF

4. Date Incorporated or Qualified To Do Business in Florida 10/7/1997	
5. FEI Number 593475651	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Fox, Gregory A	
Street Address (P.O. Box Number is Not Acceptable) 28050 US Hwy 19	
Suite, Apt. #, Etc. STE 100	
City Clearwater	State FL
Zip Code 33761	

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***300.00 ***300.00

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 **Gregory A Fox** Date **1/16/02**
REGISTERED AGENT MUST SIGN

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
D	CHARLES A. MANGANIELLO SR	308 Bay Arbor Blvd	Oldsmar FL 34677

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: **Charles A Manganiello SR** Date **1/17/2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **727-799-1941** Ext **262**

CR2E081 (9/01)

202

INTELLA INFORMATION SERVICES INC

308 BAY ARBOR BLVD
OLDSMAR, FL 34677
PH: 800 351 9789 EXT 501
FAX: 813 854 4216
mobile: 813 - 716 0774
intellainfo@aol.com

January 15, 2002


FLORIDA DEPT OF STATE
DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

Re P97000086305

Dear Sir or Madam,

I respectfully request consideration to waive the \$600.00 Reinstatement fee. I am a senior citizen And my income from this corporation is very small and paying the \$600.00 reinstatement fee would Be an extreme hardship for me. The Last two years I have been recovering from 4 by-pass open heart Surgery and recently a rotor cuff shoulder operation. When I moved from my previous address of 1520 Seagull Dr. Apt 101, Palm Harbor Fl 34685 in July of 2000 the state filing form was never Forwarded to me even though I had a forwarding form at the USPO, All other items were forwarded To me except this state report. Due to my constant period of rehabilitation I did not think to check on this Until the first of this year when I found out I had forgot to file. I realize the responsibility should have been Mine to advise the state of my change of address but in my state of mind while I was recovering from My open heart operation and my recent shoulder operation -I just forgot. I am enclosing \$300.00 for fees Due for year 2001 and 2002 and hope you will consider waiving the \$600.00 reinstatement fee. Thank you very much for your help and consideration.

Sincerely yours,


Charles A. Manganiello Sr.
308 Bay Arbor Blvd
Oldsmar Fl 34677