

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JAN 22 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

City & State  
Oldsmar FL

City & State  
Oldsmar FL

Zip Country  
34677 Pinellas

Zip Country  
34677 Pinellas

2001-2002 UBF

4. Date Incorporated or Qualified  
To Do Business in Florida 10/7/1997

5. FEI Number  
593475651

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$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

788884912177--8  
-02/12/02--01065--006  
\*\*\*\*300.00 \*\*\*300.00  
State Zip Code  
FL 33761

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)

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**INTELLA INFORMATION SERVICES INC**

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

January 15, 2002

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

Re P97060086305

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