| · PLEASE READ   | ALL INSTRUCTIONS                               | BEFORE CO   | OMPLETING TH                               | IS FORM.                 |                               |
|---|--|---|--|--------------------------|-------------------------------|
| APPLICATION APPLICATION   | FLORIDA DEL A TINEN                            | A TATE  |  |                          |                               |
| F R DEING ATEN AIT  | Secretary d S                                  | W   |  | EII CO                   | - 1                           |
| REINS ATEMENT DIVISION O CORP RUTIONS   |  |   | FILED                                      |                          |                               |
| DOCUMENT # <b>P98000026042</b> 1. Corporation Name  |  |   | 99 OCT 15 AM II: 33                        |                          |                               |
| CONTINUUM CONSULTING CORPORATION  |  |   | SEGNETALL OF STATE<br>TALLAHASSEE, FLORIDA |                          |                               |
| Principal Place of Business Mailing Address   |  |   |  |                          | •                             |
| 355-1 NE CRYSTAL STREET 355-1 NE CRYSTAL STREET   |  |   |  |                          |                               |
| CRYSTAL RIVER FL 34428 CRYSTAL RIVER FL 34428   |  | 4   | F 1001+1091+ 110 (B101 101+11 00           |                          | # 000H <b>040</b> H0 H04 100H |
| If above addresses are incorrect in any way, line thr   |  |   |  |                          |                               |
| New Principal Office Address, if Applicable     New Mailing Office Ad   |  | Applicable  4. Date Incorporated or Qualified To Do Business In Florida  03/19/1998 |  | /1998                    |                               |
| Suite, Apt. #, etc. P.O. BOX 2216 City & State  | Suite, Apt. #, etc. P.O. Box 221  City & State | 6   | 5. FEI Number 59 - 35008                   | 270                      | Applied For                   |
| CRYSTAL RIVER   | CRISTAL KIVE                                   | er  | 6. CERTIFICATE OF STATUS                   |                          | Not Applicable                |
| 7. Names and Street Addresses of Each Officer and   | /or Director (Florida nonprofit corpora        | TRUS  |  | for a C                  | ertificate of Status          |
| Name of Officers Stre   |  | eet Address of Each<br>icer and/or Director   | ch   |                          |                               |
| D ROOKS, MICHAEL D POST OFFICE B  |  | 3OX 2216  | CRYSTAL RIVER FL 34423                     |                          |                               |
|   |  |   |  |                          |                               |
| 40003021744E<br>-10/22/9901012009   |  |   |  |                          |                               |
|   |  |   | ****150.00 ****150.00                      |                          |                               |
|   |  | :   |  |                          |                               |
|   |  |   |  |                          |                               |
|   |  |   |  |                          |                               |
| R Name and Address of Current   | Pedistered Apent                               | T   | 9. Name and Address of h                   | lew Pegistered Agent     |                               |
| 8. Name and Address of Current Registered Agent  Name ROOKS, MICHAEL D  Street Address of   |  |   | S MICHA                                    |                          | (66/8)                        |
| ROOKS, MICHAEL D<br>355-1 NE CRYSTAL STREET   | Street Address (P.                             | O. Box Number is Not Accep  | 1able) 355-1 N                             | 9                        |                               |
| CRYSTAL RIVER FL 34428 Suite, Apt. #, Etc.  |  |   |  | Street                   | 8                             |
|   |  | CRYST   | AL RIVER                                   | State Zig                | 34423                         |
| 10. I, being appointed the registered agent of the above Signature of   | ove named corporation, am familiar wi          | th and accept the obl   | ligations of Section 607.0505              | , F.S.                   |                               |
| REGISTERED AGENT MUST SIGN  Date 10 14 99   |  |   |  |                          |                               |
| 11. I certify that I am an officer or director or the recei   |  |   |  |                          |                               |
| this reinstatement application, the reason for disse<br>owed by the corporation have been paid and the<br>on this application is true and accurate, and my si | names of individuals listed on this for        | m do not qualify for a  | n exemption under section 1                | 19.07(3)(i), F.S. The In | of the Indicated              |
|   |  | :   |  |                          |                               |
| SIGNATURE: Myla   | op p Ru  | P   | IOIMIGA                                    | 350,7                    | 35-5002                       |
| SIGNATURE AND TYPED OR PR   | INTED NAME OF SIGNING OFFICER OR               | DIRECTOR  | Date                                       | Daytime                  | Phone #                       |

Centinuum Consulting Corporation

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P.O. Box 2216 ~ Crystal River, FL 34423
Phone /Fax: 352.795.5003 ~ Email: consultr@hotmeil.com

October 14, 1999

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Document # P98000026042 - Continuum Consulting Corporation

Dear Madam/Sir:

I received the attached Notice of Administrative Dissolution or Revocation on October 12, 1999 from an individual located at 355-3 NE Crystal Street with great surprise. I immediately contacted your office an explained the following situation to the woman on the phone:

- \* I never received the original request for an annual report;
- \* I never received the second notice listed under "Important Facts"; and
- \* My physical address is 355-1 NE Crystal River, but I receive mail at P.O. Box 2216 in Crystal River and was not aware that the attorney that prepared my papers for incorporation had listed the physical address as my mailing address.

I respectfully request your leniency as a first time offender since I have only been incorporated since March of 1998 and this is the first Annual Report due which I was not aware of. If you check with the Division of Unemployment Compensation which mails required forms to my P.O. Box you will find that I have always complied on-time.

The staff person I spoke to on October 12th suggested I send this letter explaining my situation with a check for \$150.00 which is enclosed. Again, I would appreciate your consideration with this matter given the circumstances.

Sincerely,

Whael Rook Michael Rooks

cc: File