

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

05 MAY -9 PH 3:50

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000044072**

1. Corporation Name

**WILSON'S MARKETING SOLUTIONS, INC.**

Principal Place of Business

3278 SHERINGHAM RD  
 ORLANDO FL 32808

Mailing Address

3278 SHERINGHAM RD  
 ORLANDO FL 32808

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/15/1998

5. FEI Number

59-3511347

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	WILSON, WILLIAM	3278 SHERINGTON ROAD	ORLANDO FL
SD	WILSON, DEBORAH	3278 SHERINGTON ROAD	ORLANDO FL

8. Name and Address of Current Registered Agent

TICE, JAMES E  
 16220 S.W. 280TH ST  
 HOMESTEAD FL 33001

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*James E Tice*

REGISTERED AGENT MUST SIGN

Date 1-05-05

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:

*William F. Wilson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-5th-05

Daytime Phone # 305-322-5715

CR2ED40 (7/03)

**Wilson's Marketing Solution's, Inc.**

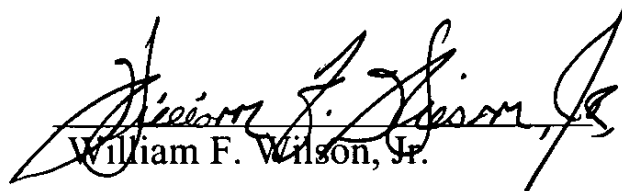
May 4, 2005

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

RE: Wilson's Marketing Solution's, Inc.  
3278 Sheringham Road  
Orlando, FL 32808

ATTN: Mr. Tyrone Scott

Please be advised my company never received the annual report form for filing the annual report for the year 2004. Previously sent a statement to this effect and was then told to send an additional \$150.00 to bring up current for 2005. I responded and did as was asked immediately. As per our phone call I am sending this to comply with your suggested request. Thank you in advance for your assistance. I am enclosing the original second check for \$150.00 needing to bring my corporation current again.

  
William F. Wilson, Jr.