


758.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 03 SEP -8 PM 3:15 SECRETARY OF STATE TALLAHASSEE FLORIDA	
DOCUMENT # 9980000 58266					
1. Corporation Name Optimal Engineering Solutions					
2. Principal Office Address 120 Grey Dove Court Suite, Apt. #, etc.			3. Mailing Office Address 120 Grey Dove Court Suite, Apt. #, etc.		
City & State Daytona Beach FL		City & State Daytona Beach FL		REINSTATEMENT 02-03 400022555254 08/25/03--01101--005 **758.75	
Zip 32119	Country USA	Zip 32119	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida June 21 1998				5. FEI Number 265-25-4339	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>	
7. Name and Address of Current Registered Agent					
Name Deborah Osborne					
Street Address (P.O. Box Number is Not Acceptable) 120 Grey Dove Court					
Suite, Apt. #, Etc.					
City Daytona Beach				State FL	Zip Code 32119
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 Deborah M. Osborne				Date 8/20/03	
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	
Secretary	John George	653 Marina Point Drive		Daytona Beach FL 32114	
Pres	Deborah Osborne	120 Grey Dove Court		Daytona Beach FL 32119	
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: Deborah Osborne		John George		Aug 20, 2003	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 386 788 7251	

CR2E081 (10/02)