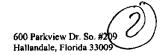
APPLICATION FOR REINSTATEMENT	FLORID	A DEPARTME Katherine H Secretary of S IVISION OF CORPO	NT OF STATE arris State	1	ING THIS FORM.
DOCUMENT # P98000068449 1. Corporation Name					99 OCT 22 AM 9: 37
RESOURCE MANAGEMENT SOLUTIONS, INC.				SECRÉTARY DA STATE TALLAHASSER, FLORIDA	
(.0 € € € € € € € € € € € € € € € € € € €		iailing Address Ó Ó SQ PARKYIEW DR SO. #209 ALLANDALE FL 33009			
Habove addresses are incorrect in any way, line through incorrect in New Principal Office Address, If Applicable 3. New Maili COO PAKKUをのファン、Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. City & State		ing Office Address, If Applicable 4. Date In To Do 4. Etc. 5. FEI No		5. FEI Numbe	porated or Qualified iness in Florida 08/05/1998 Proposition of the
2ip 3 3 CO'i Country US A 7. Names and Street Addresses of Eac	Zip h Officer and/or Director (Fix	Counti	· 	1	S8.75 Additional Fee required for a Certificate of Status
Name o	f Officers Directors	St	reet Address of Eac fficer and/or Directo	h	City / State / Zip
S AUSTIN, EUNICE B	600	860 PARKVIEW	DR SO. #209		HALLANDALE FL 33009
PTO HAROLD D. HA	400 PARKU	400 Parkview Dr. 50 # 209		HALLANDALE, FL. 33009	
V George R. Guilder		11031 S.W. 42 PLACE		nce	DAVIE, FL. 33328
				90	000030332796 -11/02/9901111003 ****150.00 ****150.00
Name and Address of Current Registered Agent Name					Address of New Registered Agent
AUSTIN, EUNICE B 880 PARKVIEW DR SO. #209 HALLANDALE FL 33009			Street Address (OD Pol Suite, Apt. #, Etc.	HARCHD D. HANKORSON Street Address (P.O. Box Number is Not Acceptable) GOO PARKUIEW TR. So. # 209 Sulte, Apt. #, Etc. # 269	
10. I, being appointed the registered agent of the above named corporation, am			HALLANGALE		State Zip Code FL 33009
Signature of Registered Agent	<u> </u>	GENT MUST SIGN	An and accept the		Date
this reinstatement application, the re	ason for dissolution has been paid and the names of indivi-	n eliminated, the corp duals listed on this fo	orate name satisfier rm do not qualify for	s the requirement r an exemption ur	napter 607 or 617, F.S. I further certify that when filing is of section 607.0401 or 617.0401, F.S., that all fees inder section 119.07(3)(i), F.S. The information indicated
SIGNATURE: SIGNATURE AND	TYPED OR PRINTED NAME OF		D. HANK	Kercon	(0-18-99 365-7557 Date Daytime Phone #



Resource Management Solutions, Inc.

October 18, 1999

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

Re: Document # P98000068449

Dear Sir or Madam:

Your assistance is required in correcting this apparent hypo. To date, we have not received any information concerning this form or cancellation prior. How we were able to receive this cancellation form is a mystery to me. Please note that the attached "Federal Tax Deposit Coupon" +has our correct address. My only guess is that the first "0" in the "600" appeared to be a "6", when in fact it should be a "0".

I am enclosing a check for \$150.00 (after speaking with our office). Please reinstate immediately. If further information is required, I can be reached daily at 888-548-8829.

Thank you for your time and consideration concerning this manner.

William

President

Sincerel