PLEASE HEAD ALL INSTHUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION. Katherine Harris Secretary of State FILED LEGIC IARY OF STATE WISION OF CORPORATION DIVISION OF CORPORATIONS DOCUMENT #P980000 97572 99 OCT 21 AM 10: 02 Innovative Technological Solutions, Inc. Principal Place of Business Mailing Address If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 2 New Principal Office Address, If Applicable 1435 Riverside Driv Suite, Apt. #, etc Date Incorporated or Qualified To Do Business in Florida 11/19/98 FEI Number Applied For Tarpon Sorinas Not Applicable Tarpon aprings \$8.75. Additional Fee required CERTIFICATE OF STATUS DESIRED 34689 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers City / State / Zip Title(s) PD 0003032479--3 -11/02/99--01070--017 \*\*\*\*150.00 \*\*\*\*150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Jeff Pelley 1435 Riverside Drive Street Address (P.O. Box Number is Not Acceptable) Tarpon Spryngs, FL 34689 10. I, being appointed the register-pagent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Date 10-18-99 Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Yes No 🛛 Intangible Personal Property Tax due June 30. 12. 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 filling 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. 10-18-99 727-938-608 SIGNATUBE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Department of State,

After speaking to a representative at your office she advised that we send a letter to explain our situation. We were made aware of Innovative Technological Solutions, Inc. corporation status when we were trying to get an equipment lease. We did not file an Annual Report and are asking for a one time waiver since we were not aware of the May 1<sup>st</sup> Annual Report deadline. The address of the company changed in January 1999. We were unable to have the mail forwarded by the Postmaster because the place we received our mail was Mail Boxes Etc., which is a shipping/mailing company and they store your mail and then send it to you. We had a lot of problems receiving our mail because of this and we did not receive notice of the Annual Report. Also, we incorporated in November 1998 but did not actually start doing business until March 1999; therefore we did not think we were required to file an annual report since there was no financial activity in 1998. Your office explained the Annual Report is not financial and that we are required to file an Annual Report January 1<sup>st</sup> of every year we are incorporated and that the deadline is May 1<sup>st</sup> for your office to receive the Annual Report.

Please consider our request for a one time waiver of the fees and our reinstatement application. Thank you for your time and assistance.

Sincerely, Jeff Pelley