

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

1972
 FILED

DOCUMENT # P98000098514

1. Corporation Name

SYSTEMS DEVELOPMENT SOLUTIONS, INC.

Principal Place of Business

2656 BANTRY BAY DR.
 TALLAHASSEE FL 32308

Mailing Address

P.O. BOX 16952
 JACKSONVILLE FL 32308

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/01/1999	
City & State		2656 BANTRY BAY DR. Tallahassee, FL		5. FEI Number	
Zip		32309		59-3544202	
Country		LEON		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	MESSIHA, SUZAN	2656 BANTRY BAY DR.	TALLAHASSEE FL 32308
VPT	MESSIHA, SUZAN	2656 BANTRY BAY DR.	TALLAHASSEE FL 32308
VPT	MESSIHA, SAMUEL	2656 BANTRY BAY DR.	TALLAHASSEE FL 32308

8. Name and Address of Current Registered Agent

MESSIHA, SUZAN
 2656 BANTRY BAY DR.
 TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

Name SAMUEL MESSIHA
 Street Address (P.O. Box Number is Not Acceptable)
 2656 BANTRY BAY DR.
 Suite, Apt. #, Etc.
 City Tallahassee
 State FL Zip Code 32309

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.

Signature of Registered Agent SIGNATURE REQUIRED Date 10/12/2001
 REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED 1/12/2001 (850) 721-8892
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

292

Systems Development Solutions, Inc.
2656 Bantry Bay Drive
Tallahassee, FL 32309

October 12, 2001

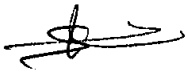
Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir:

Pursuant to my telephone call to your office today, attached is the Reinstatement form sent in error and my check for \$150 for the annual report renewal. As discussed, your original annual report form had been sent by error to my previous accountant in Jacksonville, and had not been forwarded to me. Please change the mailing address on your records.

Should you need additional information, please call me at 921-8892. Thank you for your assistance in this matter.

Sincerely,



Samuel K. Messiha