

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 FEB 14 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000017285

1. Corporation Name

Evolving Network Solutions, Inc.

500066253265

02/21/06--01015--008 **150.00

REINSTATEMENT

2. Principal Office Address

4014 Gunn Hwy

Suite, Apt. #, etc.

Ste 260

City & State

Tampa, FL

Zip

33618

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/22/99

5. FEI Number

59-3559195

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert Boyd

Street Address (P.O. Box Number is Not Acceptable)

4014 Gunn Hwy

Suite, Apt. #, Etc.

Ste 260

City

Tampa

State

FL

Zip Code

33618

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

REGISTERED AGENT MUST SIGN

Date

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
P, D	Robert Boyd	4014 Gunn Hwy, Ste 260	Tampa, FL 33618

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-06

Date

813-514-8146

Daytime Phone #

20f2

**Evolving Network Solutions Inc.
4014 Gunn Hwy., Ste 260
Tampa, FL 33618**

February 9, 2006

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Evolving Network Solutions, Inc.
P99000017285

To Whom It May Concern:

We have not been receiving our annual reports for each year since 2000. We recently changed accounting firms since the prior firm was not keeping us informed properly.

We have enclosed a reinstatement form and a check for \$750.00 to be reinstated. Also, enclosed is an additional check for \$150.00 for 2006 annual report fee.

Please call Julie Hohl at 813-961-1809 if additional information is needed.

Sincerely,

Robert Boyd

