

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUL -3 AM 11:22

**DOCUMENT #** *P99000045303*

**1. Corporation Name**

*Accuware profiles, INC.*

**2. Principal Office Address**

*4318 San Juan St.*

Suite, Apt. #, etc.

**City & State**

*TAMPA Florida*

**Zip**

**Country**

*33629 USA*

**3. Mailing Office Address**

*4318 San Juan St*

Suite, Apt. #, etc.

**City & State**

*Tampa Florida*

**Zip**

**Country**

*33629 USA*

**REINSTATEMENT** *0001*

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

*5/17/99*

**5. FEI Number**

*Copy of App Attached*

☒ **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**

*Joel S. Treuhart*

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

*4318 San Juan St.*

Suite, Apt. #, Etc.

**City**

*TAMPA*

**State**

*FL*

**Zip Code**

*33629*

**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**

*Joel S. Treuhart*  
REGISTERED AGENT MUST SIGN

**Date** *6/21/01*

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<i>D/M</i>	<i>Michael McCalloch</i>	<i>4318 San Juan St</i>	<i>Tampa Florida 33629</i>
<i>D</i>	<i>Joel S. Treuhart</i>	<i>5700 McMain Hwy</i>	<i>Tampa FL 33615</i>

*AD*

**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:**

*Michael McCalloch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/21/01*  
Date

*8138329300*  
Daytime Phone #

Form <b>SS-4</b> (Rev. April 2000) Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.) ► Keep a copy for your records.	EIN _____ OMB No. 1545-0003
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Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <b>Accuware Profiles, Inc.</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name <b>N/A</b>
	4a Mailing address (street address) (room, apt., or suite no.) <b>4318 SAN JUAN ST. W.</b>	5a Business address (if different from address on lines 4a and 4b) <b>N/A</b>
	4b City, state, and ZIP code <b>TAMPA, FL 33629</b>	5b City, state, and ZIP code <b>N/A</b>
	6 County and state where principal business is located <b>Hillsborough, Florida</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <b>Michael McCulloch 266 869401</b>	

8a Type of entity (Check only one box.) (see instructions)  
Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input checked="" type="checkbox"/> Personal service corp.	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> REMIC	<input type="checkbox"/> Trust
<input type="checkbox"/> National Guard	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> State/local government	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Other nonprofit organization (specify) ► (enter GEN if applicable)
<input type="checkbox"/> Other (specify) ►	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>Florida</b>	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input checked="" type="checkbox"/> Started new business (specify type) ►	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions) <b>5/17/99</b>	11 Closing month of accounting year (see instructions) <b>December</b>
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . .	<b>7/15/01</b>
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . .	Nonagricultural <b>5</b>	Agricultural	Household
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14 Principal activity (see instructions) ► <b>Software Development + Distribution</b>
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15 Is the principal business activity manufacturing? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ►		

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.		

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	Legal name ►	Trade name ►
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► <b>Michael McCulloch Director</b>	Business telephone number (include area code) <b>(813) 8329300</b>
	Fax telephone number (include area code) <b>(813) 8329500</b>

Signature ► <b>MMcCulloch</b>	Date ► <b>6/20/01</b>
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Note: Do not write below this line. For official use only.					
Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying

Fax to 678-530-6156