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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -4 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000045303

1. Corporation Name

AccuWare Profiles, Inc.

2. Principal Office Address

4318 W San Juan St.

Suite, Apt. #, etc.

3. Mailing Office Address

POB 21815

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33629

Country

USA

City & State

Tampa, Florida

Zip

33622

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3726790

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

10/21/03 01093 029 150.00

7. Name and Address of Current Registered Agent

Name

Michael G. McCulloch

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

P.O. B 21815 4318 W. 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

Date

REGISTERED AGENT MUST SIGN

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	Michael G. McCulloch	4318 W. San Juan St	Tampa, FL 33629
VP	Paul M. Miranda	4318 W. San Juan St.	Tampa, FL 33629
VP	Tracy K. Crisp	4318 W. San Juan St.	Tampa, FL 33629

REINSTATEMENT

03

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 McCulloch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/03

Date

813 832 9300

Daytime Phone #

CR2E081 (10/02)

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AccuWare Profiles, Inc.

P.O.B. 21815 Tampa, FL 33622-1815
Telephone (813) 832-9300 / 9400 Facsimile (813) 832-9500
E-mail accuware@accuwareprofiles.com

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November 5, 2003

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

To Whom It May Concern,

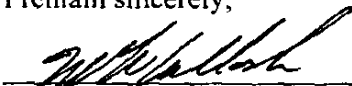
Please find enclosed our application for reinstatement.

We mailed our report and check (# 4244) on March 2, 2003. Apparently neither arrived at the intended destination. I notice in my letter to you dated October 10, 2003 I erred in reporting the above date as May 2, 2003 instead of March 2, 2003. I apologize for any inconvenience this may have caused.

We received no notice that the report had not been received and proceeded under the assumption all was well.

Thank you in advance for your assistance in this matter.

I remain sincerely,



Michael G. McCulloch
Managing Director
AccuWare Profiles Corporation