PLEASE REA	D ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.	1017
APPLICATION FOR	FLORID		NT OF STATE arris			100
REINSTATEMEN	DIN	ech il	RATIONS		FILED	
DOCUMENT # P99000097576 1. Corporation Name				00 OCT 30 AM 8: 52		
NOVELTEAMS CORPORATION				SCORETARY OF STATE TALLAHASSEE. FLORIDA		
Principal Place of Business Mailing Ad		idress		(IRB)(BE) ((o adalo forma dosti donis doma doma dosti	II K aha i ahiri 1 00% 4 1% 1 46 1
MICHAEL TO THE SOURCE		P.O. BOX 190751 V O K MIAMI BEACH FL 33119				
If above addresses are incorrect in any way, lir 2. New Principal Office Address, If Applicable		formation and enter		4. Date Incorpo	orated or Qualified	
11502 N.E. 7TH ALK. Suite, Apt. #, etc. Suite, Apt.		N/A K		To Do Busin	ess in Florida 11	/04/1999
City & State	City & State	MAI		5. FEI Number	0959725	Applied For Not Applicable
BISCAYNE PARK, F 33161-6340 US	Zip	Countr		6. CERTIFICATE		5 Additional Fee required r a Certificate of Status
7. Names and Street Addresses of Each Office Name of Officer		Str	eet Address of Each	1		
Title(s) and/or Directors 3			ficer and/or Director	4		
P JEFFREY U	JALL	11502 SEVENT	N.E. HAVE,		BISCAYNE	PARIL, 6340
				20	0003468 11/17/000 ****150.00	7622 11067001 ****150.00
						18:
8. Name and Address of Cu	rrent Registered Age	nt .		9. Name and A	Address of New Registered A	
MIAMI BEACH FL 33139 BJ S CA				JEFFREY WALL P.O. Box Number is Not Acceptable)		
				State Zip Code FL 33 161-634		
10. I, being appointed the registered agent of the Signature of Registered Agent	ey 01	oration, am familiar w LO ENT MUST SIGN	vith and accept the c	bligations of Secti	on 607.0505, F.S. Date	3/00
I. I certify that I am an officer or director or the this reinstatement application, the reason fo owed by the corporation have been paid an on this application is true and accurate, and	r dissolution has been d the names of individ	eliminated, the corp luals listed on this fo	orate name satisfies rm do not qualify for	the requirements an exemption un	of section 607,0401 or 617.04	101, F.S., that all fees
SIGNATURE: Jeffey SIGNATURE AND TYPED	OK PRINTED NAME OF	Press,	deut N	rellour	in Corporation Date Date Do 8	>
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NOVELTEAMS CORPORATION P.O. Box 190751 Miami Beach, FL 33119-0751 www.novelteams.com (305) 892-9240

Fiorida Department of State
Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

October 23, 2000

Dear Annual Report Reviewers:

I am the sole owner, operator, and employee of Novelteams Corporation, a company less than one year old. I have followed all the rules of operation by the government's book, and timely as well. That is why I was very surprised to receive a Notice of Administrative Dissolution of my company. There must be a mistake and I need your help to correct it. I never received an annual report/uniform business report in the mail, nor received a telephone call, before dissolution. I've corresponded with the Department of State a few times within the year (for unrelated information) and no one had mentioned any problems. Upon receiving the dissolution papers, I have immediately called your division - to find out that mailings were returned to you. I do not know why this is, but Novelteams does get its mail at the P.O. Box.

The division told me to fill out the Reinstatement Application, include this letter, and send a check for \$150.00. This I have done immediately. Thank you very much for your time.

Sincerely yours,

Jeffrey Wall

President, Novelteams Corporation

leffun J. Wall

Enc.