REINSTATEMENT	CORPO	PATION FEMEN	LET-
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FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # (109101000994
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1. Corporation Name

SIGNATURE:

COMMON SENSE SYSTEMS INC.

FILED SECRETARY OF STATE TO PERSON OF CORPORATIONS

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					40000465545	
	al Office Address	3. Mailing Office Ad	dress		400004623474 -10/04/0101053-	026
300	6 Alexanders	K. Po	BOX 837		****150.00 ***	*150.00
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u> </u>		
Sin				4. Date Inc. To Do B	corporated or Qualified Business in Florida /) / , ~ / SQ	
ity & Stat کے کا	A Hower FI	City & State	(, " <)	5. FEI Nur	1 (/ 1 0 / 1 1	lied For
C//	· Country	2/42 (Equenty El	5	9-7/ 1	Applicable
324		32444	BAY	6. CERTIFIC	ATE OF STATUS DESIDED [\$8.75 Additional I	Fee required
			d Address of Current Register	red Agent	for a Certificate	of Status
	Name			au Agent		
	Street Address (P.O. Box Number is No	J. 5/0.	AN			
	427 Mckeh:	Lie AUE	. .			
٤	Suite, Apt. #, Etc.		A			İ
	City O		LONG PART BOOK BOTTON OF	G. C.	Siete 7: Out	
	TANAMA Ci	ty Fl	· ·	* 5.	State Zip Code T	
3. I, being	appointed the registered agent of the above	named corporation, a	m familiar with and accept the o	bligations of se	ection 607.0505 or 617.0503, F.S.	
Signature o Registered					01- 1- 1	ŀ
.og.o.c.oo		SISTERED AGENT MU	STSIGN		Date 4/28 0	
- Names	and Street Addresses of Each Officer and/	or Director (Florida non	profit corporations must list at le	ast 3 directors)	<u> </u>	 [
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director)	City / State / Zip	
1/1/0	Robert S. CoultH	ARD JR 38	6 Alexande	R DK.	LYNN HAVEN F13	2444
5	CHRisty L. Coult	HARD 300	6 Alexander	DK.	LYNA HAUEN F132	444
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0. I certify this reio	that I am an officer or director or the receive	er or trustee empowered	to execute this application as p	rovided for in c	hapter 607 or 617, F.S. I further certify that whe	n fiting
	y the corporation have been paid and the na	and ocen emiliated	su, ure corporate name sansnes	the requiremen	napter 607 or 617, F.S. I further certify that when the of section 607,0401 or 617,0401, F.S., that a	II 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

Roberts CoultHARD SR. 9/28/01

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern

My name is Stan Coulthard, I am the president of Common Sense Systems. It has come to my attention, that the State of Florida, Department of Corporations has dissolved my corporation, because I did not send in a document, and a \$150 fee. I am very sorry that I did not comply with the rules, but I did not receive any notification that I needed to send any forms or fees. This is the first year that I have been incorporated, so I did not have any history of what to expect. I did not know that I was required to send in a renewal form, and fee. I have learned an important lesson. Next year if I don't receive some form of notification I will surely make contact with your office and make sure that all matters are taken care of.

I humbly ask that your office grant me grace, in the paying of a fine. This is a part time endeavor, and to say that I am cash strapped would be an understatement. My full time job is at the plumbing department at Home Depot. My company has yet to actually earn any money, we are still in a developmental stage. I can assure you that this was not an oversight, or a way to avoid my obligations, I truly did not receive any notification that I needed to do anything. I can truthfully say that this will not to happen again. Thank you so much for your time, and consideration.

Respectively

Stan Coulthard,

President Common Sense Systems -