

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000090823

FILED
Nov 04, 2004
Secretary of State

Entity Name: MAP - IT SOLUTIONS, INC.

Current Principal Place of Business:

4445 SW OAK HAVEN LANE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

4445 SW OAK HAVEN LANE
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 20-0173752 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAMYA, RENUAKANANDA
4445 SW OAK HAVEN LANE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: APPACHU, BALLACHANDA
Address: 3003 WILDWOOD COURT
City-St-Zip: MONMOUTH JCT, NJ 08852

Title: VP () Delete
Name: RAMYA, RENUKANANDA
Address: 4445 SW OAK HAVEN LANE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: APPACHU

P

11/04/2004

Electronic Signature of Signing Officer or Director

_____ Date