

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 FEB -5 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000022345

1. Corporation Name
INNOVATED SOFTWARE SOLUTIONS, INC.

Principal Place of Business	Mailing Address
1208 Baxter Drive Plano, TX 75025-2855	1208 Baxter Drive Plano, TX 75025-2855

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable see above		3. New Mailing Office Address, If Applicable see above		4. Date Incorporated or Qualified To Do Business in Florida 4/1/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3231238	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Michael Maddox	1208 Baxter Drive	Plano, TX 75025-2855
			700002426497--3 -02/10/98--01036--012 ***1208.75 ***1208.75
			REINSTATEMENT 95-98 A. Alan 2/5/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Pamela A. Lee	
Street Address (P.O. Box Number is Not Acceptable) 1754 Branch Vine Dr. W.	
City Jacksonville,	State FL
Zip Code 32246	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Pamela A. Lee*
REGISTERED AGENT MUST SIGN

Date **Jan 31, 1998**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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 Maddox* Michael Maddox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 2, 1998 972-527-4189
Day Daytime Phone #

CR2E040 (1/98)