

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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CORPORATION REINSTATEMENT
SLG SYSTEMS INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

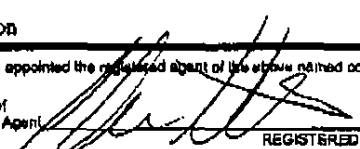
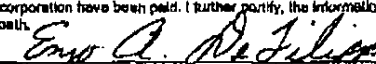
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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 10 AUG 27 PM 3:02	
DOCUMENT # F04000002236					
1. Corporation Name SLG Systems Incorporated					
2. Principal Office Address - No P.O. Box # 923 Lake Drive Suite, Apt. #, etc.			3. Mailing Office Address 923 Lake Drive Suite, Apt. #, etc.		
City & State Delafield, WI			City & State Delafield, WI		
Zip 53018	Country USA	Zip 53018	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 4/22/2004 5. FEI Number 742984254 ☐ Applied For ☐ Not Applicable 6. CERTIFICATE OF STATUS DESIRED ☐ \$0.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324					
8. I, being appointed the registered agent of the above named corporation, am hereby certifying that the corporation is in compliance with the provisions of section 807.0505 or 817.0503, F.S. Signature of Registered Agent  Chris McNeary REGISTERED AGENT Assistant Secretary Date 8/30/10					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PTD	Allen C. Penny	923 Lake Drive		Delafield, WI 53018	
VPSD	Enzo A. DeFilippis	2131 Retana Drive		Charlotte, NC 28270	
10. E-mail Address: mulcahey@abcq.com (To be used for future annual report notification)					
11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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:  Enzo A. DeFilippis 8-30-10 215-569-3535 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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