Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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
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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 #	3. Mailing Office Address
923 Lake Drive	923 Lake Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delafield, WI	City & State: Delafield, WI
Zip: 53018 Country: USA	Zip: 53018 Country: USA

CR2E081 (6/10)

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 ☐ $30.75 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 familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Chris McNeair 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*)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	Allen C. Perry	923 Lake Drive	Delafield, WI 53018
VPSD	Enzo A. DeFilippis	2131 Retana Drive	Charlotte, NC 28270

10. E-mail Address: rmulcahey@sbcg.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 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. 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 Enzo A. DeFilippis 8-30-10 215-569-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 06/03/2010 C T System Online

XC 8/31