

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P96000073524

1. Corporation Name

PROCYON SYSTEMS, INC.

Principal Place of Business

Mailing Address

9009 NW 6TH CT.  
PLANTATION FL 33324

9009 NW 6TH CT.  
PLANTATION FL 33324

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2051 PIONEER TRAIL #205

2051 PIONEER TRAIL #205

City & State

City & State

NEW SMYRNA BEACH, FL

NEW SMYRNA BEACH, FL

Zip

Zip

32168

32168

Country

Country

USA

USA

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
DPST	NIBBE, JOHN H	9009 NW 6TH CT.	PLANTATION FL 33324
T	NIBBE, HENRY	2051 PIONEER TRAIL #205	NEW SMYRNA BCH FL

700002706297--8  
-12/08/98--01067--005  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NIBBE, JOHN H  
9009 NW 6TH CT.  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*John H Nibbe*

REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-17-98

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:

*John H Nibbe* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-98  
Date Daytime Phone #

98 NOV 30 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR20040 (9/98)