

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 15 PM 12:29

DOCUMENT # 449999

1. Corporation Name

MULTI-CHEK SYSTEMS, INC.

Principal Place of Business

Mailing Address

7345 JACKSON SPRINGS RD
SUITE 3
TAMPA FL 33634
US

P.O. BOX 254
LAKE CITY FL 29560
US



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

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/1974

Suite, Apt. #, etc.

5103 MEMORIAL HWY

Suite, Apt. #, etc.

P.O. Box 14041

City & State

TAMPA FL

City & State

FLORENCE SC

Zip

33634

Country

USA

Zip

29504

Country

USA

5. FEI Number

59-1534187

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
ST	GUY, ROSENE T	PO BOX 254 N A 2728 MILLRIDGE DR.	LAKE CITY SC 29960 FLORENCE SC 29505
PVD	GUY, VERNON	1131 EVENING TRAIL DR.	WESLEY CHAPEL FL 33543
			700004653277--9 -10/25/01--01056--002 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VERNON C. GUY
1131 EVENING TR. DR.
WESLEY CHAPEL FL 33543

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-12-01

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-12-01

Daytime Phone #

CR2040 (8/01)

Multi-Chek Systems, Inc
P.O. Box 14041
Florence, S. C. 29504
October 12, 2001

Re: Document #49999

FEI 59-1534187

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

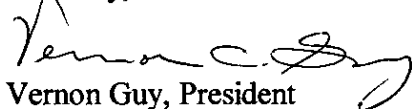
Dear Sirs,

Today I spoke with a representative in your office regarding the Notice of Administrative Dissolution or Revocation form for my corporation which I received today.

I am requesting that the reinstatement fee be waived due to the fact that this is the first correspondence I have had regarding the filing fee. I did not receive the original form nor did I receive a reminder notice, and even though our mailing address did change during this year it did not change until July. If you will look at my prior record of payment since 1974 you will find that payment has always been made in a timely fashion.

Enclosed is my check for \$150.00 for the regular filing fee with the request that the late fee be waived. Thank you for your attention to this matter.

Sincerely,


Vernon Guy, President

Enc.