


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AM 9:17

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F00000006698					
1. Corporation Name SYKE INC.					
2. Principal Office Address 2400 SW 137th Ave Suite, Apt. #, etc.			3. Mailing Office Address SYKE Suite, Apt. #, etc.		
City & State PRINCETON FLA			City & State FLA		
Zip 33032	Country USA	Zip 	Country 	4. Date Incorporated or Qualified To Do Business in Florida 04/18/01	
5. FEI Number 59-3663806				Applied For <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name PAUL M HADDAD					
Street Address (P.O. Box Number is Not Acceptable) 18420 SW 77th Ct.					
Suite, Apt. #, Etc.					
City MIAMI				State FL	Zip Code 33157
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 Paul m Haddad				Date 3/3/04	
REGISTERED AGENT MUST SIGN					
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		
Pres	PAUL M HADDAD	18420 SW 77th Ct.	MIAMI FLA. 33157		
Chmn.	SAID S HADDAD	5600 COLLINS AVE	MIAMI BEACH FLA. 33140		
10. 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: Paul m Haddad				Date 3/3/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # (305) 216-7617	

CR2E031 (01/04)

Paul Haddad
Sterling Prestress, Inc.
24400 SW 137th Ave.
Princeton, FL 33032

March 1, 2004

Department of State
Division of Corporations
Post Office Box 3627
Tallahassee, FL 32314

Re: Systec, Inc.

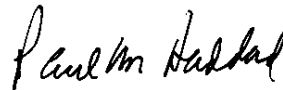
Dear Sir or Madam:

Please be advised that I did not and have not received the annual report. When we called the Division of Corporations, I was advised that indeed it was mailed out but returned due to an address error.

Accordingly, please be advised that I am filing the Corporation Reinstatement along with the \$300.00 fee required, which represents \$150.00 per year for filing fee.

Should you have any questions or need further information, please do not hesitate to contact me.

Sincerely,



Paul Haddad

PH:ger
Enclosure