

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAR 24 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000002236

1. Corporation Name

SLG Systems Incorporated

2. Principal Office Address - No P.O. Box #

923 Lake Drive

Suite, Apt. #, etc.

City & State

Delafield, WI

Zip

53018

Country

USA

3. Mailing Office Address

923 Lake Drive

Suite, Apt. #, etc.

City & State

Delafield, WI

Zip

53018

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

April 22, 2004

5. FEI Number

74-2984254

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT 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

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Margaret E. Routzahn

MARGARET E. ROUTZAHN

Special Assistant Secretary

Date

3/24/07

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
P/T/Dir	C. Allen Perry	923 Lake Drive	Delafield, WI 53018
VP/Dir	Enzo A. DeFilippis	103 Higgins Road	Fletcher, NC 28732
Sec	Maria Teresa O'Brien	1500 JFK Boulevard Suite 1400	Philadelphia, PA 19102

RH
REINSTATEMENT

1-08

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 contained in Chapter 119, 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:

Enzo A. DeFilippis
Enzo DeFilippis, VP

3/20/08

215-569-3535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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) 878-5926

CORPORATION REINSTATEMENT**SLG SYSTEMS INCORPORATED**

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$908.75

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