2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000006968

Title:

Name:

Address:

City-St-Zip:

() Delete

WOODBRIDGE, VA 221922806

1308 DEVILS REACH ROAD, SUITE 300

KELLER, JOHN B

FILED Oct 05, 2007 Secretary of State

Entity Nam	e: MKISYST	EMS, INC.			
Current Pri	ncipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	S REACH RO DGE, VA 2219	AD, SUITE 300 322806			
Current Ma	iling Address	s:	New Mailing Addres	New Mailing Address:	
	S REACH RO DGE, VA 2219	AD, SUITE 300)22806			
FEI Number:	54-1170634	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
ROBERSON, ROBERT P II 12000 RESEARCH PARKWAY, SUITE 144 ORLANDO, FL 328262944 US			12000 RESEARCH P SUITE 436	ROBERSON, ROBERT P II 12000 RESEARCH PARKWAY SUITE 436 ORLANDO, FL 328262944 US	
The above r		ubmits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: ROBERT P. ROBERSON, II				10/05/2007	
	Electroni	c Signature of Registered Age	nt	Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KELLER, ROBÉ	EACH ROAD, SUITE 300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BRUNSVOLD, K	EACH ROAD, SUITE 300	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN B. KELLER PRES 10/05/2007

() Change () Addition