

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F09000003196

FILED
Sep 30, 2013
Secretary of State

Entity Name: ADCAP NETWORK SYSTEMS, INC.

Current Principal Place of Business:

999 PONCE DE LEON BLVD., SUITE 915
CORAL GABLES, FL 33134

New Principal Place of Business:

1000 SOUTH PINE ISLAND RD
STE 310
PLANTATION, FL 33324

Current Mailing Address:

6525 SHILOH ROAD, STE D-700
ALPHARETTA, GA 30005

New Mailing Address:

10400 OLD ALABAMA RD CONN
STE 100
ALPHARETTA, GA 30022

FEI Number: 37-1423912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OBESO, ALEJANDRO J
999 PONCE DE LEON BLVD., SUITE 915
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

OBESO, ALEJANDRO J
1000 SOUTH PINE ISLAND RD
STE 310
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALEJANDRO OBESO

09/30/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: WARING, CHRISTINE M
Address: 10400 OLD ALABAMA RD CONN, STE 100
City-St-Zip: ALPHARETTA, GA 30022

Title: PRES
Name: WARING, MATTHEW P
Address: 10400 OLD ALABAMA RD CONN, STE 100
City-St-Zip: ALPHARETTA, GA 30022

Title: COO
Name: VERSLUIS, ROLF D
Address: 10400 OLD ALABAMA RD CONN, STE 100
City-St-Zip: ALPHARETTA, GA 30022

I hereby 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 all other like empowered.

SIGNATURE: MATTHEW WARING

PRES

09/30/2013

Electronic Signature of Signing Officer or Director

Date