

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F23555

1. Corporation Name

Systems Plus Solutions, Inc.

2. Principal Office Address

3250 Corporate Way

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33025

Country

USA

3. Mailing Office Address

3250 Corporate Way

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33025

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/4/81

5. FEI Number

59-2100368

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

FILED

01 OCT 22 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700004672927--6

-11/08/01--01064--013

****758.75 ****758.75

7. Name and Address of Current Registered Agent

Name

Mark S. Feluren

Street Address (P.O. Box Number is Not Acceptable)

2200 North Commerce Parkway

Suite, Apt. #, Etc.

Suite 202

City

Weston

State

FL

Zip Code

33326

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

Date 10-19-01

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 |
|--------|--------------------------------------|---|--------------------|
| PD | Fernandes, Charles | 3250 Corporate Way | Miramar, FL 33025 |
| VTSD | Mirande, Richard | 3250 Corporate Way | Miramar, FL 33025 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 01-18

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

10-19-01 (954) 430-1002

Date

Daytime Phone #

CR02081 (8/00)