

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 MAY -4 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** F94000003087

1. Corporation Name

W & H Systems, Inc.

2. Principal Office Address

120 Asia Place

Suite, Apt. #, etc.

City & State

Carlstadt, New Jersey

Zip

07072

Country

USA

3. Mailing Office Address

120 Asia Place

Suite, Apt. #, etc.

City & State

Carlstadt, New Jersey

Zip

07072

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

June 14, 1994

5. FEI Number

13-1996491

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

8. I, being appointed the registered agent of the above named corporation, do hereby with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Connie Bryan*

**CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY**

Date May 4, 2000

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
S, P, D	Alfred Iverson	120 Asia Place	Carlstadt, NJ 07072
T, M, D	James Iverson	120 Asia Place	Carlstadt, NJ 07072
			100003249481--6 -05/12/00--01003--013 ***1358.75 ***1358.75
			<b>REINSTATEMENT 96-021 TS</b>

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:**

*James Iverson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-2-00 (201) 933-7840

CR2E081 (9/99)