


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000000351			
1. Corporation Name SYSTEMS UNION INCORPORATED			
2. Principal Office Address 7300 CORPORATE CENTER DR Suite, Apt. #, etc. SUITE 700 City & State MIAMI, FL Zip 33126		3. Mailing Office Address 7300 CORPORATE CENTER DR Suite, Apt. #, etc. SUITE 700 City & State MIAMI, FL Zip 33126	
Country USA		Country USA	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02

11-01-02 01087 007 \$750.00

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 13-345 1063	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name UNITED CORPORATE SERVICES, INC		
Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTHDADELAND BLVD.		
Suite, Apt. #, Etc. SUITE 508		
City MIAMI	State FL	Zip Code 33156

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

Michael A. Barr

Date 11/18/02

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
CEO/D	WOLFENDALE, MARK	510 HARBOR COVE CIRCLE	LONGBOAT KEY, FL 34208
CFOTD	HOLBROOK, KELVIN	650 WEST AVENUE #2211	MIAMI BEACH, FL 33139
PD	COLEMAN, PAUL J.	GROVE MEADOW, JORDAN BEACON	BUCKINGHAMSHIRE, UK
S	WISE, AARON	38 CUMMINGS CIRCLE	WEST ORANGE, NJ 07042

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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

Kelvin Holbrook Nov 20/02 305-594-8040

Date

Daytime Phone #

js 12/19