

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F97000001308

1. Corporation Name

SYSTEM TECHNOLOGY ASSOCIATES, INC.

Principal Place of Business

4040 EAST BUJOI STREET
ATTN: ACCOUNTS PAYABLE
COLORADO SPRINGS CO 80909

Mailing Address

4040 EAST BUJOI STREET
ATTN: ACCOUNTS PAYABLE
COLORADO SPRINGS CO 80909

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

ATTN: NEDRA ENGELSON

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/1997

5. FEI Number

84-1074887

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75. A fee of \$8.75 is required for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DCP	BEN, ROBERT	1545 HATHAWAY DR	COLORADO SPRINGS CO 80915
S	BEN, PATRICIA L	1545 HATHAWAY DR	COLORADO SPRINGS CO 80915
V	KELLEY, JAY W	3160 CATHEDRAL SPIRE	COLORADO SPRINGS CO 80904
V	SANFORD, ROBERT J	6515 HASTINGS DR	COLORADO SPRINGS CO 80919
V	ENGELSON, NEDRA	5270 LADERA LN	COLORADO SPRINGS CO 80917
V	HUFFMAN, RUSSELL J	1350 WINDING RIDGE TERR	COLORADO SPRINGS CO 80919

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Patricia Pizitz

REGISTERED AGENT MUST SIGN

Date 10-19-1999

11. 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:

Nedra Engelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nedra Engelson

Date

Daytime Phone #

10/14/99 (719) 637-0500
1404

FILED

99 OCT 20 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99 11 TS

CR2540 (10/99)