

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED 102
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 18 PM 12:44

DOCUMENT # F98000005244

1. Corporation Name

STALLION SYSTEMS UPGRADE, INC.

Principal Place of Business

Mailing Address

**4182 PINEWOOD LANE
WESTON FL 33331**

**4182 PINEWOOD LANE
WESTON FL 33331**



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-1864787

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee 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
P	CHEN, CLAUDIA LU	4182 PINEWOOD LANE	WESTON FL 33331
VST	CHEN, EDSON	4182 PINEWOOD LANE	WESTON FL 33331

600004662496-5
-11/01/01--01035--022
****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CHEN, EDSON
4182 PINEWOOD LANE
WESTON FL 33331**

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

REGISTERED AGENT MUST SIGN

Date

10-21-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-21-01

CR2E040 (8/01)



**SCHOOL
TECHNOLOGY
SOLUTIONS**

2 of 2

October 12, 2001

FL Dept. of State/Division of Corporations

Dear Friends,

Enclosed is the fee for reinstating our corporation to active status. For some reason, we have not received previous notices to file this form, and it came to us as a shock to receive a dissolution of our corporation!!

Please process this reinstatement as soon as possible, as we would like to be in compliance at all times.

Sincerely,

Edson Chen

FUTUREKIDS of South Florida

4182 Pinewood Lane, Weston, FL 33331

Phone: 954-217-9985 • Fax: 954-389-2146 • Cell Phone: 954-298-0200

E-mail: edson@futurekidsfla.com • www.futurekidsfla.com