PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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	ORATION ATEMENT		Secre	ARTMENT OF STAT tary of State of CORPORATIONS	01.00	11_E	AM 9: 45	•
DOCUM	//ENT# {	-99000	00502	3	SECRE	STATE	OF STATE E. FLORIDA	
1. Corporation Name GROUP SYSTEMS, AMERICA TWO						HASSE	English State Control	
GR	eour a	System	15, AMER	ICH INC			**	
							_	- 1
2. Principal Office Address 3. Mailing Office Address						TAT	FMENT σ	7-041
740 OAKLAND HILLS JAME								7100
Suite, Apt. #, etc. Suite, Apt. #, etc.					و المنتهدة شينشين المالي			17(-Y (10)
+ # 114					4. Date Incorp			Dag
City & State	-		City & State				7/29//	997
LAKE	MAK	y, FL			5. FEI Number	• -	47801	Applied For Not Applicable
Zip	Country		Zip (.)	Country £/	6.	-	0.0075	tional Fee required
3274	6 U	SA			CERTIFICATE	OF STATE		ificate of Status
			7. Name a	nd Address of Current Reg	istered Agent			
<i>F</i>	Name	nes u	1 From	<i>E </i>				
s		D. Box Number is N	ot Accentable)		· ·			
	740	OAKL	AND H	1265 611	<u> </u>			
S	Suite, Apt. #, Etc.	14					•	
0	City					State	Zip Code	
	LAK	E MA	24, Fl		- <u></u> .	FL	32746	
8. I, being app	pointed the register	ed agent of the abo	eve named corporation,	am familiar with and accept	the obligations of section	on 607.050	05 or 617.0503, F.S.	
Signature of		rued	0.101	er		Date	10/4/	04
Registered Age		RI	EGISTERED AGENT M	UST SIGN		Date	,0,1,1	<u> </u>
9. Names and	Street Addresses	of Each Officer and	d/or Director (Florida no	nprofit corporations must list	at least 3 directors)			
Titles	0	Name of		Street Address of			City / State / Zip	
7	Office	rs and/or Directors		Officer and/or Di				2746
MDJ	AMER W	FOST	ER	LO CAKLAN	Y 214	EA	KEMAR	156
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				red to execute this applicatio	n as provided for in cha		or 617, F.S. I further certify the	
this reinsta								
owed by th	ne corporation have	been paid and the	names of individuals lis	ated, the corporate name sa ted on this form do not qualif same legal effect as if made	tisfies the requirements y for an exemption und	er section		nation indicated

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #



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October 6, 2004

Attn: Corporate Reinstatement Fee Waiver

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

والمتبالية والمتبارض والمتاريخ والمتارغ وا

Dear Sir:

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My corporation, Group Systems America, Inc., incorporated on 9/29/1999, FEI 65-0947801 is applying for a waiver of the \$600.00 Corporate Reinstatement Fee because it never received the Annual Report Filing Notices in 2001, 2002, 2003 and 2004.

This ocurred because I was sharing offices in Miami with a company that relocated and all mail was forwarded to that companies' new address, not mine. Moreover, I relocated out of state at approximately the same time to take up a position with another firm.

I have included a check in the amount of \$608.75, being the Annual Report Fee and Corporate Supplemental Fee for the years of 2001, 2002, 2003 and 2004 respectively plus a Certificate of Status fee.

Thank you in advance for your assistance in this matter.

Kind regards,

James W. Foster

President

Group Systems America

740 Oakland Hills Circle, Suite 114 Lake Mary, Florida 32746

Telephone: +1-305-525-3898 Facsimile: +1-407-215-1108