

H03000231271

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 JUL 11 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Jim Smith Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F99000006540

1. Corporation Name

Da Vinci Systems, Inc.

2. Principal Office Address 4397 NW 124th Avenue		3. Mailing Office Address 12410 Milestone Center Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Springs, FL		City & State Germantown, MD	
Zip 33065	Country USA	Zip 20876	Country USA

REINSTATEMENT 2003

4. Date Incorporated or Qualified To Do Business in Florida 12/17/99	
5. FEJ Number 650225649	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$1.75 Additional Fee required for 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, am familiar with and accept the obligations of section 607.0506 or 617.0603, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

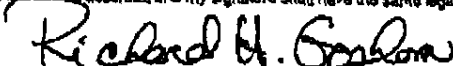
7/11/03

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Arbutnot, Michael	4397 NW 124th Avenue	Coral Springs, FL 33065
VP	Silva, Robert	4397 NW 124th Avenue	Coral Springs, FL 33065
VPT	Ratliff, John D.	12410 Milestone Center Drive	Germantown, MD 20876
S	Goshorn, Richard H.	12410 Milestone Center Drive	Germantown, MD 20876

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 taxes 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)(f), 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

July 10, 2003

Date

Daytime Phone #

240 404 1115

282

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

CORPORATION REINSTATEMENT

DA VINCI SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$635.00