

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **G06711**

1. Corporation Name **Dundas Systems, Inc.**

FILED

01 OCT -4 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address
5200 NW 33rd Ave.

3. Mailing Office Address
same

Suite, Apt. #, etc.
Suite 215

Suite, Apt. #, etc.
same

City & State
Fort Lauderdale, FL

City & State
same

Zip
33309

Country
U.S.A.

Zip
33309

Country
USA

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida **11-01-1982**

5. FEI Number
59-2233155

Applied for
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Gary D. Verdier

Street Address (P.O. Box Number is Not Acceptable)
2225 NE 15th Ct.

Suite, Apt. #, Etc.

City
Fort Lauderdale

900004627995

10/03/01

*****750.00 *** 50.00**

State
FL

Zip Code
33304

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 **Gary D. Verdier**

REGISTERED AGENT MUST SIGN

Date **10/3/2001**

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
PSTD	Gary D. Verdier	2225 NE 15th Ct.	Fort Lauderdale, FL 33304

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/2001

Date

954 739-0607

Daytime Phone #

CR2001 (9/00)