

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>  <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  99 OCT 22 AM 11:45	
DOCUMENT # <b>G40913</b> 1. Corporation Name <b>FLORIDA STATE SYSTEMS, INC.</b>			
Principal Place of Business <b>3949 S.W. 12TH COURT FT. LAUDERDALE FL 33312</b>		Mailing Address <b>3949 S.W. 12TH COURT FT. LAUDERDALE FL 33312</b>	
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 Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida <b>05/25/1983</b>		5. FEI Number <b>59-2300791</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	KATULKA, MICHAEL	3949 S.W. 12TH COURT	FT LAUD FL
S	KATULKA, SANDRA	3949 SE 12TH COURT	FT. LAUDERDALE FL
8. Name and Address of Current Registered Agent <b>KATULKA, SANDRA 3949 S.W. 12TH CT FT LAUDERDALE FL 33312</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>	
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  Date <b>10-18-99</b> REGISTERED AGENT MUST SIGN			
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 <b>Michael Katulka</b>		10-18-99 584-1642 Date Daytime Phone #	



October 18, 1999

DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
P. O. BOX 6327  
TALLAHASSEE, FL 32314-6327

REF: FLORIDA STATE SYSTEMS

Dear Sir or Madam:

Please find enclosed forms with proper signatures and attached copy of cancelled check showing we have already paid.

Thank you,

A handwritten signature in cursive script, appearing to read "Michael Katulka".

Michael Katulka  
President

MK/lw