

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 MAY -6 PM 12:04

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **H86134**

1. Corporation Name  
**THRU-FUT SYSTEMS, INC.**

Principal Place of Business	Mailing Address
5750 MAJOR BLVD. STE. 200 ORLANDO FL 32819	5750 MAJOR BLVD. STE. 200 ORLANDO FL 32819



01-02

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 <b>81 Wyman Street</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>11/19/1985</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <b>59-2602140</b>
City & State	City & State <b>Waltham</b>	Applied For Not Applicable
Zip	Country <b>MA</b>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
	Zip <b>02454</b>	

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	MATTHEWS, LYNN S.	31 WEST POINT DR	COCOA BEACH FL 32931
D	CHAPMAN, RICK DR	2215 GRAND AVE PKWY	AUSTIN TX 78728
AS	Robert V Aghababian	81 Wyman Str.	Waltham MA 02454
			000005555830--8 -05/17/02--01001--007 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324

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

*[Handwritten Signature]*  
 REGISTERED AGENT MUST SIGN

**SALVINA AMENTA-GRAY**  
 SPECIAL ASSISTANT SECRETARY

Date **1-22-02**

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Robert V Aghababian**

1/10/02

Date

Daytime Phone #

(781) 222-4222

CR2E040 (801)