

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1982

~~CORPORATION~~  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF REVENUE  
Kathleen Harr  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 JAN 29 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # J03071

1. Corporation Name

OES SYSTEMS, INC.

2. Principal Office Address

1302 MADISON DRIVE

3. Mailing Office Address

1302 MADISON DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BUFFALO GROVE, IL

City & State

BUFFALO GROVE, IL

Zip

60089

Country

US

Zip

60089

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

3/3/86

5. FEI Number

59-2659040

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

YORAM KATZ

Street Address (P.O. Box Number is Not Acceptable)

12927 S.W. 103 PLACE

Suite, Apt. #, Etc.

City

MTAMI

State

FL

Zip Code

33176

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

REGISTERED AGENT JUST SIGN

Date 12/22/00

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
P	YORAM KATZ	115 S SHERRIN AVE #4	LOUISVILLE, KY 40207
V	JOHN T. YOULE	1302 MADISON DRIVE	BUFFALO GROVE, IL 60089

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)(i), F.S. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. **KE**

SIGNATURE:

John T Youle

JOHN T. YOULE

12/22/00

(847)634-9945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EQ01 (9/99)

**OES Systems, Inc.**  
**1302 Madison Drive**  
**Buffalo Grove, IL 60089**  
**(847) 634-9945**

January 24, 2001

Reinstatement Dept.  
Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: OES Systems, Inc Reinstatement  
Doc #J03071  
FEI # 59-2659040

To whom it may concern:

In response to your letter of 1/16/2001, the enclosed form is now signed by the registered agent.

Please find the enclosed reinstatement form and check for \$300 for 1999 and 2000. The 1999 and 2000 reports from your office were never received by us. Per M. Milligan in your office, it was returned to you by the Postal Service undelivered due to an incorrect address. Ms Milligan explained to me that due to the fact that we never received this form, the reinstatement fee is not owed.

The enclosed form and check were returned to me. In your letter of December 27, 2000, the reason for returning the form and check was due to not having a Florida street address for the registered agent. I have revised the address to comply with this. Per Tyrone in your office, as long as the enclosed form and check are received within a month of your letter, no additional fees are required at this time.

Thank you for your help in this matter.

Sincerely,



John T. Youle  
Vice President

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

01 JAN 29 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Crystal Print, Inc.

2. Principal Office Address

1194 Old Dixie Hwy.

Suite, Apt. #, etc.

#13

City & State

Lake Park, FL

Zip

33403

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65 05 92177

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

Christopher Thall

Street Address (P.O. Box Number is Not Acceptable)

19562 Trails End Terrace

Suite, Apt. #, Etc.

City

Jupiter

State  
FL

Zip Code

33458

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

REGISTERED AGENT MUST SIGN

Date 1.26.01

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
President	Christopher Thall	19562 TRAILS END TERRACE	Jupiter, FL 33458

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:

Christopher Thall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.26.01

Date

561-842-4888

Daytime Phone #