

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **J03071**

1. Corporation Name

QES SYSTEMS, INC.

Principal Place of Business

**1302 MADISON DRIVE
BUFFALO GROVE IL 60089
US**

Mailing Address

**1302 MADISON DRIVE
BUFFALO GROVE IL 60089
US**

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

03/03/1986

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

800004689948--2
-11/20/01--01078--015
*******150.00 *****150.00**

8. Name and Address of Current Registered Agent

**KATZ, YORAM
12927 SW 103 PLACE
MIAMI FL 33176**

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

FL

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

REGISTERED AGENT MUST SIGN

YORAM KATZ

Date

10/18/01

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 REQUIRED YORAM KATZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/01

Daytime Phone #

(847) 634-9945

CR2E040 (8/01)

2012

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

October 18, 2001

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

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

To whom it may concern:

Please find the enclosed signed and completed reinstatement form and check for \$150 for 2001. Neither the Annual Report nor the second notice annual reports for 2001 were received by us. Per telephone conversation with your office, we were told that since we didn't receive any notice prior to our receipt of the Notice of Administrative Dissolution or Revocation on Wednesday, October 17, 2001, that only the Annual Report Fee of \$61.25 and the Corporate Supplemental Fee of \$88.75 totaling \$150 is payable.

Thank you for your help in this matter.

Sincerely,



John T. Youle
Vice President