2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K34172

FILED Nov 07, 2007 Secretary of State

Entity Name: SYSTEMS ENGINEERING AND LOGISTICS SUPPORT, INC.

Current Principal Place of Business:				New Principal Place of Business:		
14365 E COLONIAL DR. BTE B-5 DRLANDO, FL 32826 US				364 FAIRWAY POINTE CIRCLE ORLANDO, FL 32828 US		
Current Mailing Address:				New Mailing Address:		
STE B-5	COLONIAL DR. 5 DO, FL 32826 US			364 FAIRWAY POINTE CIRCLE ORLANDO, FL 32828 US		
El Number:		FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
HEMRICK, JAMES R 14365 E COLONIAL DR. STE B-5 DRLANDO, FL 32826 US The above named entity submits this statement for the purpose o				HEMRICK, WILLIAM D 364 FAIRWAY POINTE CIRCLE ORLANDO, FL 32828 US		
	of Florida.	submits this statement for the pu	i pose oi	changing it	s registered on	nce or registered agent, or both,
SIGNATURE: WILLIAM HEMRICK				11/07/2007		
	Electror	nic Signature of Registered Agen	t			Date
		3(2)(b), F.S., the corporation did not i g Trust Fund Contribution ().	receive th	ne prior notice	.	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Fitle: Name: Address: City-St-Zip:	PD (SYLVESTER, F 4250 BURMUD SAULT ST. MA	A AVE.		Title: Name: Address: City-St-Zip:	()	Change ()Addition
Fitle: Name: Nddress: City-St-Zip:	VP (HEMRICK, JAN 1040 CR ROAL FIVE POINTS,	229		Title: Name: Address: City-St-Zip:	()	Change ()Addition
Fitle: Name: Address: Dity-St-Zip:	S (SYLVESTER, L 4250 BURMUD SAULT ST. MA	A AVE.		Title: Name: Address: City-St-Zip:	()	Change ()Addition
Fitle: Name: Address: City-St-Zip:	T (HEMRICK, RUT 1040 CR ROAL FIVE POINTS,	229		Title: Name: Address: City-St-Zip:	()	Change ()Addition
Fitle: Name: Address: Dity-St-Zip:	()) Delete		Title: Name: Address: City-St-Zip:	VP () HEMRICK, WILL 364 FAIRWAY P ORLANDO, FL	OINT CIRCLE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. HEMRICK VP 11/07/2007