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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 OCT 28 PM 5:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L00000011744

Name and Mailing Address

0001277 01 AT 0.292 \*\*AUTO T7 1 0615 32117-268073  
SYSTEMS SOLUTIONS, LLC  
1120 ENTERPRISE CT  
SUITE A  
HOLLY HILL FL 32117-2680



10/28 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/27/2000	
Principal Place of Business 1120 ENTERPRISE CT SUITE A HOLLY HILL FL 32117	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3673306	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent ROSA, ALEX P 1120 ENTERPRISE CT SUITE A HOLLY HILL FL 32117		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 508024186845 10/28/03--01010--022 **150.00 City FL Zip Code	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Glenda E. Hood **SIGNATURE REQUIRED** Date 10/20/03  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ROSA, ALEX	1120 A ENTERPRISE CT.	HOLLY HILL FL 32117

REINSTATEMENT 2003

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Glenda E. Hood **SIGNATURE REQUIRED** Date 10/20/03 Daytime Phone # 586-248-0460  
Typed or printed name of signing Managing Member/Manager