

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 16 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LD6683

1. Corporation Name

I/O Systems Inc

2. Principal Office Address

716 Wesley Avenue

Suite, Apt. #, etc.

Suite 13

City & State

Tarpon Springs FL

Zip

34689

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

8-1-1989

5. FEI Number

592962786

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

Steve Savvas

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

5436 LaPlata Drive

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34655

400023050154

03/15/03--01059--004 **317.50

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9-8-03

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	Steve Savvas	5436 LaPlata Dr.	New Port Richey FL 34655
TS	Annette Savvas	5436 LaPlata Dr	New Port Richey FL 34655

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-03 727-942-0456

Date

Daytime Phone #

CR2E081 (10/02)

9/16

I/O Systems Inc
716 Wesley Avenue
Suite 13
Tarpon Springs FL 34689

TO: Florida Department of State
Division of Corporations

Subject : REINSTATEMENT FORM

It was brought to my attention by my bank that the status of my company with the state is inactive.

I did not receive the application forms that I needed to file from the Division of Corporations for years 2002 and 2003.

My previous address was 6619 State Road 54, New Port Richey FL 34653
As your website states which was the last year your records state that I filed.

I moved My company to our new and permanent address of 716 Wesley Avenue Suite 13 Tarpon Springs FL 34689 in January of 2001 and did not receive any Renewals for the 2 years.

Please reinstate my company for the \$150.00 per year and also please send me verification of the reinstatement which I also included \$8.75 for each year for 2002 and 2003.

Thank You, Very Much for your assistance.

Steve Savvas
I/O Systems Inc
727.942.0456