

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 NOV 18 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L64493

1. Corporation Name
PACIFIC SYSTEM Technology, Inc.

Principal Place of Business Mailing Address - Same
11420 NW 18th Manor
Coral Springs FL 33071

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida
4/9/96

5. FEI Number

65-0265874

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
Director	JOEL LEVINE	11420 NW 18th Manor	Coral Springs FL 33071
Director	ALAN PROUTY	28 School Street	Norwell MA 02061
Director	GARY SWICHER	2326 DUNGER ROAD	Bucyrus OH 44820

REINSTATEMENT 1/9/96

A. Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent 11-18-96

Joel Levine
11420 NW 18th Manor
Coral Springs FL 33071

Name

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

Suite, Apt. #, Etc.

City

200002010672--8

-11/21/96

****583-75 ****583-75

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

Joel Levine

REGISTERED AGENT MUST SIGN

Date

11/12/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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:

Joel Levine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/96

Date

954-344-5657

Daytime Phone #