

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

00 FEB 11 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L92608**

1. Corporation Name

SYS-JAX INC.

2. Principal Office Address

1055 GOLFAR BLVD

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL.

Zip

32209

Country

USA

3. Mailing Office Address

1055 GOLFAR BLVD

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL.

Zip

32209

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/27/1990

5. FEI Number

59 - 3016278

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

CHERYL A. ROBERSON

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

1301 RIVER PLACE BLVD

Suite, Apt. #, Etc.

1818

City

JACKSONVILLE

000003137660-1
-02/16/00--01077--006
***1358.75 ***1358.75

REINSTATEMENT

State
FL

Zip Code

32207

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

Cheryl A Roberson

REGISTERED AGENT MUST SIGN

Date **1/18/2000**

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 |
|--------|--------------------------------------|---|-------------------------|
| PD | GARY GROVER | 10951 MARTINGALE COURT | POTOMAC MD 20854 |
| STD | RYAN GROVER | 10951 MARTINGALE COURT | POTOMAC MD 20854 |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY GROVER

1/17/00 (301) 868 9555

Date

Daytime Phone #

CR2E081 (9/99)