

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC -3 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000034083

1. Corporation Name

SCIENTIA MANAGEMENT SYSTEMS, INC.

Principal Place of Business

4510 WEST ROSEMERE ROAD
TAMPA FL 33609

Mailing Address

4510 WEST ROSEMERE ROAD
TAMPA FL 33609

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

2. New Principal Office Address, If Applicable

3. New Mailing Office 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

04/04/2000

5. FEI Number

59-3646213

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	John C. RYAN	4510 West Rosemere Road, TAMPA FL 33609	Tampa / FL / 33609

07/06/01 90200 028 \$150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

John C. RYAN

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

4510 West Rosemere Road

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33609

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

John C. RYAN

REGISTERED AGENT MUST SIGN

Date

11/19/01

11. 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:

John C. RYAN President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/01 (813) 431-2113

Daytime Phone #

CR2E040 (8/01)

November 19, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

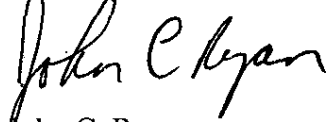
To Whom It May Concern:

Having bought a Florida corporation in April 2001 **I did not receive the original notice to file UBR prior to 1 May 2001.** I did pay the \$150 and complete the required documentation in July 2001. Enclosed please find the completed application for reinstatement.

If there are any further questions or issues please contact me at (813) 431-2113.

Thank you for your help in resolving this matter.

Sincerely,



John C. Ryan
President, Scientia Management Systems
4510 West Rosemere Road
Tampa, FL 33609