

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION FOR REINSTATEMENT

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

**FILED**  
**Nov 02, 2001 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **P00000086776**

1. Corporation Name  
**ARMSWARE, INC.**

Principal Place of Business	Mailing Address
2937 SW 27 AVE. SUITE 101 MIAMI FL 33133	2937 SW 27 AVE. SUITE 101 MIAMI FL 33133



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

4. Date Incorporated or Qualified To Do Business in Florida	09/13/2000
5. FEI Number	65-1038260
Applied For	
Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LANGE, KARL C	2937 SW 27 AVE., SUITE 101	MIAMI FL 33133

600004704866--9  
 -12/05/01--01001--005  
 \*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

LANGE, KARL C  
 2937 SW 27 AVE.  
 SUITE 101  
 MIAMI FL 33133

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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 *[Signature]* Date \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

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: *[Signature]* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)

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Fleasystems, Inc.  
Resort Data Corporation, Inc  
Armstrong, Inc.  
Cameron Leasing, Inc.  
Systems Products International, Inc.

Saturday, October 13, 2001

Annual Report Division  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

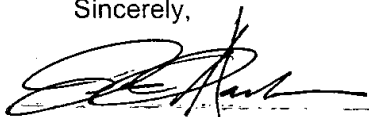
Dear Administrator:

Please accept the following renewal of our corporation application. We never received the original Uniform Business Report for any of our companies. It is a most peculiar situation that we cannot explain, but we never received the Uniform Business Report. I have always submit our application on time and would never of missed the Uniform Business Report if I had received it. My only guess is that our local mail service lost it as a batch or the buildings mail service lost it, because all the companies were missing.

Enclosed is the applications for all our companies. I received it today and made sure it was completed and mailed with a check today.

Please contact me if you have any questions.

Sincerely,



James Martin  
Controller