PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -9 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-00000105986

200023665482
10/09/03--01043--010 **300.00

1. Corporation Name
SYS CONSULTING, INC
1203 WHITEHEART AVE.
MARCO ISLAND, FL 34145

2. Principal Office Address	**3.** Mailing Office Address
AS ABOVE	AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 11-13-2001

5. FEI Number 59-3689536 ☐ 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
GEROLD KNAUERHASE
Street Address (P.O. Box Number is Not Acceptable)
1106 DORCHESTER CT.
GLEN EAGLE G & C CLUB
Suite, Apt. #, Etc.
NAPLES, FL 34104-2158
City | State: FL | Zip Code

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 _____ Date 9/27/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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/S/T	HAUBER, ROLAND	1203 WHITEHEART AVE.	MARCO ISLAND, FL 34145
V/P	HAUBER, SANDRA	1203 WHITEHEART AVE.	MARCO ISLAND, FL 34145

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: _____ ROLAND HAUBER 239-642-1030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GEROLD KNAUERHASE, EA, ATA
ACCOUNTANT
1106 Dorchester Court
Naples, Florida 34104
Tel.(941) 348-8481
Fax (941) 348-8041

September 27, 2003

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re.:Reinstatement of CYS CONSULTING, INC. Document #00000105986.

Lady/Gentleman:

This Corporation did not receive its Annual Report Form for 2002 and 2003. It is therefore that we request a waiver of the Reinstatement Fee of $600.00. A check in the amount of $300.00 is enclosed herewith for each year 2002 und 2003.

Thank you for you kind attention to this matter.

Respectfully requested

Gerold Knauerhase

c.c.Sys
encl.: as stated.