

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000109726

1. Corporation Name

SISTEMAS FOURGEN CORP.

2. Principal Office Address - No P.O. Box #
18501 PINES BLVD

3. Mailing Office Address
18501 PINES BLVD

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State
PEMBROKE PINES, FL.

City & State
PEMBROKE PINES, FL.

Zip
33029

Country
EEUU

Zip
33029

Country
EEUU

7. Name and Address of Current Registered Agent

Name
GBS CONSULTANTS, Inc.

Street Address (P.O. Box Number is Not Acceptable)
18501 PINES BLVD

Suite, Apt. #, Etc.
Suite 201

City
PEMBROKE PINES

State Zip Code
FL 33029

REINSTATEMENT 06-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida **11/28/2000**

5. FEI Number
651068081

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

10/5/2007

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	HENAO, WILLIAM	18501 PINES BLVD SUITE 201	PEMBROKE PINES FL. 33029
VD	GARCIA, JUAN C	18501 PINES BLVD SUITE 201	PEMBROKE PINES, FL. 33029
S	HENAO, MAURICIO	18501 PINES BLVD SUITE 201	PEMBROKE PINES, FL. 33029

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 contained in Chapter 119, 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

10/5/07 9546598835/8201
Date Daytime Phone #