

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUL 12 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000115505

1. Corporation Name

INTELLISYSTEMS COMMUNICATIONS INC

100006415051--8

-07/15/02--01085--012

***300.00 ***300.00

2. Principal Office Address

7177 HAMMOCK LAKES DR

Suite, Apt. #, etc.

3. Mailing Office Address

7177 HAMMOCK LAKES DR

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

MELBOURNE, FL

Zip

32940

Country

U.S.A

Zip

32940

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/2000

5. FEI Number

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

LEE UKASI

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

7177 HAMMOCK LAKES DRIVE

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32940

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/16/02

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 |
|--------------|--------------------------------------|---|---------------------|
| VICE PRES | BLESSING UKASI | 7177 HAMMOCK LK DR | Melbourne, FL 32940 |
| DIR. | LEE UKASI | 7177 HAMMOCK LK DR | Melbourne, FL 32940 |
| | | | |
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/22/02

Daytime Phone #

321-223-0900

CR2E081 (9/01)

Intellisystem Communications Inc.
7177 Hammock Lakes Drive
Melbourne, Fl. 32940
321-223-0995

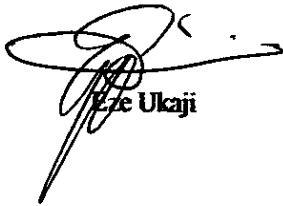
June 22, 2002

To Whom It May Concern:

I have enclosed a completed 203 Reinstatement form in request that Intellisystem Communications status be reinstated to active. This status elapsed because Intellisystem Communications did not receive the earlier forms that were mailed for this purpose.

Also enclosed is a check for \$300.00 US dollars for the past due amount.

Thanks for your assistance.



Eze Ukaji