

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 21 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000004556

1. Corporation Name

SYSTEC SOLUTIONS INC.

Principal Place of Business

8909 EGRET WAY
ORLANDO FL 32810

Mailing Address

8909 EGRET WAY
ORLANDO FL 32810

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

1943 SE Fallon Drive

Port St. Lucie FL

Zip
34983-4582

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

1943 SE Fallon Drive

Port St. Lucie FL

Zip
34983-4582

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/2001

5. FEI Number

59-3694091

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/D	CASTILLO, CHRISTOPHER	8804 NW 110 ST. 1943 SE Fallon Drive	TALLAHASSEE FL 32310 Port St. Lucie FL 34983
P/D	JOHNSON, MERV	8732 PEACEFUL PLACE	ORLANDO FL 32810
V/D	Castillo Barbara	1943 SE Fallon Drive	Port St. Lucie FL 34983

8. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE
SUITE 114
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

Barbara Castillo

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

1943 SE Fallon Drive

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34983

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. or 617.0505, F.S.

Signature of
Registered Agent

Barbara Castillo
REGISTERED AGENT MUST SIGN

Date

11-15-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 786-402-8060

CR2E040 (8/02)

November 18, 2002

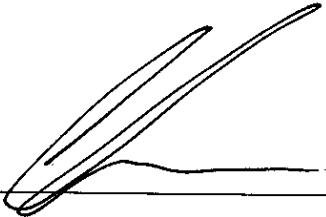
Dear. Whom ever this may concern

SysTec Solutions Inc. has not received a uniform business report, nor any other notices possibly due to the fact that our office has moved from 8909 Egret Way Orlando Fl 32810 to it's new address at 1943 SE Fallon Drive Port St. Lucie, Fl 34983.

We are sorry for any inconvenience that this may have caused; we will make sure that the proper procedures are taken so that hopefully this will not happen again.

Enclosed with this letter are the application for reinstatement with all the necessary changes, and a check for \$158.75

Yours truly,
Christopher Castillo
SysTec Solutions

 _____, President 11/18/02 Date



Barbara T Escarra
My Commission CC993795
Expires January 15 2005

Barbara T Escarra
Nov 18, 2002