

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 JUN 12 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07

CR2E081 (1/07)

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P01000046870

1. Corporation Name

QWEST SYSTEMS, INC.

2. Principal Office Address - No P.O. Box #

641 SW 1ST COURT

Suite, Apt. #, etc.

3. Mailing Office Address

245 N. OCEAN BLVD

Suite, Apt. #, etc.

#201

City & State

HALLANDALE FL.

City & State

DEERFIELD BEACH FL.

Zip

Country

33009

BROWARD

Zip

Country

33441

BROWARD

4. Date Incorporated or Qualified  
To Do Business in Florida

5/9/2001

5. FEI Number

59-3718168

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

ALLEN FONKIN

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

641 SW 1ST COURT

Suite, Apt. #, Etc.

City

HALLANDALE

State

FL

Zip Code

33009

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/5/07

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	ALLEN J. FONKIN	641 SW 1ST COURT	HALLANDALE FL
			33009
			800104261488
			06/13/07--01030--009 **450.00

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/07 239-345-2886  
Date Daytime Phone #

6/12/07