

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 FEB -7 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000075158

1. Corporation Name

SLM SYSTEMS INC.

500067464455  
03/09/06--01026--019 \*\*8.75

2. Principal Office Address

12832 Palm Dr

Suite, Apt. #, etc.

City & State

Largo FL

Zip

33774

Country

USA

3. Mailing Office Address

12832 Palm Dr

Suite, Apt. #, etc.

City & State

Largo FL

Zip

33774

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/27/2001

5. FEI Number

59-3735266

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

Stephen L Meyers

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

12832 Palm Dr

Suite, Apt. #, Etc.

City

Largo

State  
FL

Zip Code

33774

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

Stephen L Meyers

Date 1-20-06

REGISTERED AGENT MUST SIGN

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
<u>D</u>	<u>Meyers, Stephen L</u>	<u>12832 Palm Dr</u>	<u>Largo FL 33774</u>
<u>D</u>	<u>Gates, Margaret L</u>	<u>12832 Palm Dr</u>	<u>Largo FL 33774</u>

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:

Margaret L Gates (Margaret L Gates)

1-20-06

727-517-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #