

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 DEC -3 AM 8:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000107033**

1. Corporation Name

SYSTRANS FREIGHT SYSTEMS INC.

Principal Place of Business

7370 36TH ST NW, SUITE 325-B
 MIAMI FL 33166

Mailing Address

7370 36TH ST NW, SUITE 325-B
 MIAMI FL 33166



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

SYSTRANS FREIGHT SYSTEMS INC

Suite, Apt. #, etc.

Suite 5

City & State

571 WEST LAKE AVE, BAY HEAD, NJ

Zip

08742

Country

USA

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

City & State

BAY HEAD, NJ

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/05/2001

5. FEI Number

65-1156396

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)

| 1 | 2 | 3 | 4 |
|------------------|-----------------------------------|--|---------------------------|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| <i>President</i> | <i>James Neebling</i> | <i>571 WEST LAKE AVE. Ste 5</i> | <i>BAY HEAD, NJ 08742</i> |
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 12/03/02--01013--024 **750.00

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 526 E PARK AVE
 TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Registered Agent
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

11/26/02

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 #

11/15/02

CR2E040 (8/02)