

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -7 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000004507

1. Corporation Name

SYSTEM COMMUNICATION SERVICES, INC.

REINSTATEMENT 03-04

700029411627
02/25/04--01075--002 **250.00

700029411627
02/25/04--01075--001 **8.75

2. Principal Office Address

419 TULANE DR

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

Zip

34714

Country

SEMINOLE

3. Mailing Office Address

413 NAVARRE WAY

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

Zip

32714

Country

SEMINOLE

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/14/2002

5. FEI Number

95-4893467

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

PEDRO HERNANDEZ

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

413 NAVARRE WAY

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32714

700029411627
04/07/04--01048--005 **141.25

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

Pedro Hernandez
REGISTERED AGENT MUST SIGN

Date 1/13/04

3/3/04

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	PEDRO HERNANDEZ	413 NAVARRE WAY	ALTAMONTE SPRINGS, FL 32714

700029411627
02/25/04--01075--002 **500.00

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 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:

Pedro Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04
1/13/04

Date

Daytime Phone #

(407) 383-7434

CR2E081 (10/02)