

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000039319

1. Corporation Name

AMERICAN SYSTEMS INTEGRATORS, INC.

Principal Place of Business

1140 HOLLAND DRIVE
SUITE 8
BOCA RATON FL 33487

Mailing Address

1140 HOLLAND DRIVE
SUITE 8
BOCA RATON FL 33487

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

57-1135070

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
ff	Lehmann, Michael	1140 Holland Drive, Ste 8	Boca Raton, FL 33487
Vp	Lombardo, Joseph	1140 Holland Drive, Ste 8	Boca Raton, FL 33487

200023709202
10/10/03-01053-011 **750.00

8. Name and Address of Current Registered Agent

ROSENTHAL, AM
1140 HOLLAND DRIVE
SUITE 8
BOCA RATON FL 33487

9. Name and Address of New Registered Agent

Name

Lehmann, Michael

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

1140 Holland Drive

Suite, Apt. #, Etc.

#8

City

Boca Raton

State

FL

Zip Code

33487

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/8/03

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

Date

10/8/03

Daytime Phone #

CR2E040 (7/03)