

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 16 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000055949**

1. Corporation Name

INTUITIVE SYSTEMS CORPORATION

Principal Place of Business

2510 SOUTH MIAMI AVENUE
MIAMI FL 33129

Mailing Address

2510 SOUTH MIAMI AVENUE
MIAMI FL 33129

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/2002

5. FEI Number

75 3060239

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CHIARINI, ALESSANDRO	2510 SOUTH MIAMI AVENUE	MIAMI FL 33129
P			

300023853493
10/16/03--01038--013 **150.00

DR 10/17

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Alessandro CHIARINI

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

2510 SOUTH MIAMI AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33129

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

Alessandro Chiarini
ALESSANDRO CHIARINI

REGISTERED AGENT MUST SIGN

Date 10/15/03

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:

Alessandro Chiarini
ALESSANDRO CHIARINI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03

Date

305 491.3717

Daytime Phone #

CR2040 (7/03)

intuitivesystems

interactive media . kiosks . information solutions

Intuitive Systems Corporation
2510 South Miami Avenue
Miami, FL 33129
305.491.3777

Florida Department of State
Glenda E. Hood
Secretary of State
P.O. Box 6327
Tallahassee, FL 32314

Date: October 15, 2003

Subject: Reinstatement/Filing for Intuitive Systems Corporation

To whom it may concern:

Let this document serve as notice of advisement for the reinstatement of Intuitive Systems Corporation. No officer of this corporation has received any previous filing for reinstatement or said fees . I was under the impression that it was a service extended by my registered agent and have thus modified my filing to change the registered agent to myself. My fees have been attached and I apologize for the confusion and delay. I will do this electronically for next year.

Sincerely



Alessandro Chiarini
President
Intuitive Systems Corporation

cc: DOC filing 03