PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 22 AM 10:11

DOCUMENT # P05000083431

1. Corporation Name

WAYNE SYSTEMS, INC

REINSTATEMENT 03-05

2. Principal Office Address	3. Mailing Office Address
18590 N.W. 67TH AVENUE	
Suite, Apt. #, etc.: SUITE #203	Suite, Apt. #, etc.
City & State: MIAMI LAKES FLORIDA	City & State
Zip: 33015 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DAVID MAYOR

Street Address (P.O. Box Number is Not Acceptable): 13366 NW 16 ST

Suite, Apt. #, Etc.:

City: Pembroke Pines State: FL Zip Code: 33027

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: _____ Date: 7/13/05

REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

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	MARK BAILEY	18590 N.W. 67TH AVENUE #203	MIAMI LAKES, FL 33015

000058200890
08/03/05--01051--002 **450.00

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: _____ 7.25.2005 231-7832 (305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

July 18,2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Attention: Gary Blankenbaker.

Re: Document #P02000083431

As per your conversation with our office manager/secretary, we are enclosing our check for Four Hundred and Fifty Dollars ($450.00) and the reinstatement application for **WAYNE SYSTEMS, INC.** 18590 N.W. 67TH Avenue, Suite 203, Miami Lakes, Florida 33015.

We are sorry for the delay in reinstating this corporation. This resulted because we relocated and did not receive the form /card in a timely manner. It would also be appreciated if all other fees could be waived.

Sincerely,

WAYNE SYSTEMS, INC.

Mark Daley,
President.

MD/mm

Enclosures: 1. Check
2. Reinstatement Application