

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 22 AM 10:11

DOCUMENT # *P03000083431*
1. Corporation Name*WAYNE SYSTEMS, INC*

2. Principal Office Address

18590 N.W. 67th AVENUE

Suite, Apt. #, etc.

SUITE #203

City & State

MIAMI LAKES FLORIDA

Zip

33015

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT *03-05*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

Panhandle Pines

State

FL

Zip Code

33075

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*[Signature]*

REGISTERED AGENT MUST SIGN

Date *3/3/05*

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
<i>P</i>	<i>MARK DALEY</i>	<i>18590 N.W. 67th AVENUE #203</i>	<i>MIAMI LAKES, FL 33015</i>

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(9)(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

7. 25. 2005 231-1832

Daytime Phone #

CRED001 (01/04)

July 18,2005

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

To Whom It May Concern:

Attention: Gary Blankenbaker.

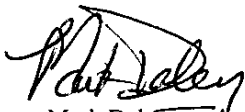
Re: Document #P02000083431

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.

A handwritten signature in black ink, appearing to read "Mark Daley", written over a horizontal line.

Mark Daley,
President.

MD/mm

Enclosures: 1. Check
2. Reinstatement Application