


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 19 PM 2:19

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**REINSTATEMENT 04-05**  
CR2E081 (8/05)

DOCUMENT # P03000058369  
1. Corporation Name  
CONVEY SYSTEMS, INC.

2. Principal Office Address <u>6701 CARMEL RD</u> Suite, Apt. #, etc. <u>205</u> City & State <u>CHARLOTTE NC</u> Zip <u>28226</u>		3. Mailing Office Address <u>6701 CARMEL RD</u> Suite, Apt. #, etc. <u>205</u> City & State <u>CHARLOTTE NC</u> Zip <u>28226</u>	
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4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 56-1958760 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  
LINDA FRAZIER

Street Address (P.O. Box Number is Not Acceptable)  
3600 N FEDERAL HWY 800060774268  
10/19/05--01051--00R \*\*908 75

Suite, Apt. #, Etc.  
3RD FLOOR

City  
FORT LAUDERDALE State FL Zip Code 33308

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] Date 10/18/05  
REGISTERED AGENT MUST SIGN

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
<u>D CEO</u>	<u>CECIL BRANDON</u>	<u>6701 CARMEL RD #205</u>	<u>CHARLOTTE NC 28226</u>

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: [Signature] Date 10/17/05 (704) 837-0500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #