

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 OCT 29 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P04000011224**

**1. Corporation Name**

Rem 4 System Inc

**2. Principal Office Address - No P.O. Box #**

4068 Pine Ridge Lane

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston FL

City & State

Zip

33331

Country

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/14/2004

**5. FEI Number**  
20-0608571

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  
Remo Ciccone

Street Address (P.O. Box Number is Not Acceptable)  
4068 Pine Ridge Lane

Suite, Apt. #, Etc.

City  
Weston

State  
FL

Zip Code  
33331

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

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
P	Remo Ciccone	4068 Pine Ridge Lane	Weston FL 33331
VP	Andreina Hernandez	4068 Pine Ridge Lane	Weston FL 33331

**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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-26-2009 754-214 9138