

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

08 JUN -4 AM 11:24

DOCUMENT # P04000067575

1. Corporation Name  
CONTINUITY SYSTEMS CORPORATION

800130725928  
06/04/08--01015--027 \*\*450.00

**REINSTATEMENT** 06-08

2. Principal Office Address - No P.O. Box # 1000 NE 12 AVE <del>ST</del>		3. Mailing Office Address P.O.B 1607	
Suite, Apt. #, etc. 601		Suite, Apt. #, etc.	
City & State HALLANDALE BCH FL		City & State Hollywood FL	
Zip 33009	Country USA	Zip 33022	Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
N/A

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
GREGORY LEWIS

Street Address (P.O. Box Number is Not Acceptable)  
1000 NE 12 AVE

Suite, Apt. #, Etc.  
601

City HALLANDALE BCH	State FL	Zip Code 33009
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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 060208

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	JEFFERSON LEWIS	2107 ROMANA ST Hollywood	FL 33020
D	GREGORY LEWIS	1000 NE 12 AVE *601	HALLANDALE BCH FL 33009

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: JEFFERSON LEWIS 6/2/08/ 754 581 5022

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

6/5/08