

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV 25 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000013622**

1. Corporation Name  
**SYSTEMS APPLICATIONS ENGINEERING, INC.**

Principal Place of Business  
2009 PLANTATION OAKS DR  
NAVARRE FL 32566

Mailing Address  
2009 PLANTATION OAKS DR  
NAVARRE FL 32566



**REINSTATEMENT**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		02/14/1984	
City & State		City & State		5. FEI Number	
Zip		Country		59-3225640	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HUMBERT, PEGGY	2009 PLANTATION OAKS DR	NAVARRE FL 32566
			400002016344--6 -11/27/96--01096--022 ***375.00 ***375.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HUMBERT, PEGGY 2009 PLANTATION OAKS DR NAVARRE FL 32566		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suits, Apt. #, Etc.	
		City	
		State <b>FL</b>	
		Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Peggy Humbert* **SIGNATURE REQUIRED** Date: *10/24/96*

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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: *Peggy Humbert* **SIGNATURE REQUIRED** Date: *10/24/96* Daytime Phone #: *904/939-0613*

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR