

**APPLICATION  
FOR  
REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

DO NOT WRITE IN THIS SPACE

FILED

99 DEC 16 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT #** P94080010646  
**Systico, Inc.**  
**P.O. Box 0764**  
**Orange Park, FL 32067**

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address 8409 Frontosa Circle  
City and State Jacksonville, FL Zip Code 32222

3. If Principle Office Address is different from mailing address, enter address below:

Address 2140 Kingsley Avenue, Suite 11  
City and State Orange Park, Florida Zip Code 32067

4. Date Incorporated or Qualified  
To Do Business in Florida  
**March 1, 1994**

5. FEI Number  
**59-3228154**

FEI Number Applied For

FEI Number Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name 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
P	Bassem Najjar	<del>2140 Kingsley Avenue, Suite 11</del>	Orange Park, FL 32067
VP	Samir S. Najjar	<del>2140 Kingsley Avenue, Suite 11</del>	Orange Park, FL 32067
ST	Lee Najjar	<del>2140 Kingsley Avenue, Suite 11</del>	Orange Park, FL 32067
		<u>8409 Frontosa Circle</u>	<u>Jacksonville, FL</u>
		<u>500003082455-6</u>	<u>32211</u>
		<u>12/29/99 01000-006</u>	
		<u>***900.00 ***900.00</u>	

**REGISTERED AGENT INFORMATION**

6. Name and Address of Current Registered Agent

**CT Corporation System**  
**1200 S. Pine Island Road**  
**Plantation, FL 33324**

Name

**REINSTATEMENT** QB-QA

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

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

Barbara A. Burke

**BARBARA A. BURKE**  
**SPECIAL ASSISTANT SECRETARY**

Date

12-13-99

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for  
additional information.)

12. 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.)

13. 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 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., and that all taxes owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made oath.

Signature of  
Officer or Director

Bassem Najjar

Date NOV 8, 99

Daytime Phone # 904-9939

Typed or printed name of signing officer or director

Bassem Najjar, President

**KE**