

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 DEC 20 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000016646

1. Corporation Name

Systico, Inc.

2. Principal Office Address

4475 Rivergreen Pkwy

Suite, Apt. #, etc.

Suite 100

City & State

Duluth, Georgia

Zip

30096

Country

Gwinnett

3. Mailing Office Address

4475 Rivergreen Pkwy

Suite, Apt. #, etc.

Suite 100

City & State

Duluth, Georgia

Zip

30096

Country

Gwinnett

REINSTATEMENT 05-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

3/2/1994

5. FEI Number

59 322 8154

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

George Shami

Street Address (P.O. Box Number is Not Acceptable)

3651 Roger Road

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32277

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

REGISTERED AGENT MUST SIGN

Date 12/18/06

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	Lee Najjar	4475 Rivergreen Pkwy, Ste 100	Duluth, GA 30096
V	Bassem Najjar	4475 Rivergreen Pkwy, Ste 100	Duluth, GA 30096
S	Samir Najjar	4475 Rivergreen Pkwy, Ste 100	Duluth, GA 30096

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:

Lee Najjar

12/19/06

678-222-2131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

rc 12/21