

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 19 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 994000016646

1. Corporation Name

SYSTICO, INC.

REINSTATEMENT 01-03

700019321707
05/19/03--01063--005 **1058.75

2. Principal Office Address
4475 River Green Pkwy.

3. Mailing Office Address
4475 River Green Pkwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Duluth, GA

City & State

Duluth, GA

Zip
30096

Country
USA

Zip
30096

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03-02-94

5. FEI Number

51-000 6522

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

Lee Najjar

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

12636 Shark Rd East

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code

32226

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

Lee Najjar

REGISTERED AGENT MUST SIGN

Date 4/30/03

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
D/P, S T	Lee Najjar	4475 River Green Pkwy.	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 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:

Lee Najjar

Lee Najjar, President

4/30/03

770-300-9998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

7/5/23