

PLEASE READ ALL INSTRUCTIONS BEFORE C

APPLICATION
FOR
REINSTATEMENT



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

FILED
Jan 03 1997 8:00 am
Secretary of State

DOCUMENT # P94000021057

1. Corporation Name

STRATEGIC INTEGRATED SYSTEMS, INC.

Principal Place of Business

4401 EMERSON STREET
SUITE 1
JACKSONVILLE FL 32207

Mailing Address

4401 EMERSON STREET
SUITE 1
JACKSONVILLE FL 32207

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1994

5. FEI Number

59-3230488

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	BURST, TIM J	4401 EMERSON STREET, SUITE 1	JACKSONVILLE FL 32207
			500002051535--4 -01/08/97--01128--003 ****540.00 ****540.00
			500002051535--4 -01/08/97--01128--004 ****375.00 ****375.00
			REINSTATEMENT 1996-97
			A. d. d. d. d.

8. Name and Address of Current Registered Agent

BURST, TIM J
4401 EMERSON STREET
SUITE 1
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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

[Signature]

Date

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)(l), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

9/17/96 904 3989660

CR2E010 (7/96)