

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 OCT 25 PM 4:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000037516

1. Corporation Name

SOCIO-TECH SYSTEMS, INC.

Principal Place of Business

Mailing Address



AFSANEH K. NOORI  
Socio-Tech Systems Inc.  
14015 TROUVILLE DR.  
TAMPA, FL 33624-6961



AFSANEH K. NOORI  
Socio-Tech Systems Inc.  
14015 TROUVILLE DR.  
TAMPA, FL 33624-6961



4. Date Incorporated or Qualified  
To Do Business in Florida

05/13/1994

5. FEI Number

59-3244509

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	4 City / State / Zip
D	NOORI, AFSANEH K	AFSANEH K. NOORI Socio-Tech Systems Inc. 14015 TROUVILLE DR. TAMPA, FL 33624-6961	TAMPA FL

8. Name and Address of Current Registered Agent

FAUGHT, ELLIS R JR  
206 MASON STREET  
BRANDON FL 33511

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.

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\*\*\*\*150.00 \*\*\*\*150.00

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-269-3100  
10/22/2001

2082

To:  
Division of Corporations  
Annual report/reinstatement section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

From:  
Afsaneh Noori  
14015 Trouville Dr.  
Tampa, FL 33624-6961  
EIN # 59-3244509

To whom it may concern,  
I received dissolution of my corporation on 10/15/2001. After reading all the information and contacting your office I believe I fall under the circumstance of never receiving such notice. The form was mistakenly sent to an old address of Wesson cir.

Please accept my apologies and please check my records, as this is the first time I have not paid this fee early. I remember sending my change of address and you must have it as the dissolution was mailed to the correct address while the bill for the original \$150 was not.

I am sending the \$150 and requesting that you please accept this and reinstate STS. I am a small one-person s-corporation and I am doing all the paper work involved and struggling daily to stay afloat as is.

Thank you for your time and please call me at 813-269-3100 if you have any questions.

Afsaneh K. Noori - 10/22/2001

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