

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

97 NOV -3 PM 3: L9

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA5000021802  
1. Corporation Name  
One Plus One Systems Inc.

Principal Place of Business Mailing Address  
5950 West Oakland Park Blvd. S-110  
Lauderhill Florida 33313

REINSTATEMENT 90-07

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4/27/95	
City & State		City & State		5. FEI Number 65-0569075	
Zip		Zip		Applied For Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
Pres	Jacquelyn Young	1411 NW 103rd Ave	Plantation Fl. 33322

900002339199--9  
-11/05/97--01089--003  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

8. Name and Address of Current Registered Agent

Jacquelyn Young  
1411 N.W. 103rd Ave.  
Plantation Fla. 33322

9. Name and Address of New Registered Agent

Name 900002339199--9  
Street Address (P.O. Box Number is Not Accepted) 11/05/97--01089--003  
Suite, Apt. #, Etc. \*\*\*\*\*8.75 \*\*\*\*\*8.75  
City State Zip Code  
FL

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 Jacquelyn Young  
REGISTERED AGENT MUST SIGN

Date 10-31-97

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)(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: Jacquelyn Young  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JACQUELYN YOUNG

10/31/97 9547302025  
Date Daytime Phone #

CR0245 (12/96)