PLEASE READ ALL INSTRU	KIONS REFORE C	OMPLETING THIS FOR	
APPLICATION FLORIDA DE	MENT OF STATE	OWN ELTING THIS FOR	
FOR Sandra B. Mortham Secretary of State		vous s s s s	
REINSTATEMENT DIVISION OF CORPORATIONS		FILED	
DOCUMENT # VIIIOVIO 27 (80) 1. Corporation Name		98 OCT -7 PM 1: 18	
'INDEL'SYS, Inc. 115 CAMPHOR TREE LANG		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
ALTAMONTE SPRINGS, FL 32714-	W40000202	71- TALLAHASSE	E. PLUMBA
Frincipal Place of Business Mailing Address IIS CAMPLEX Tree L.D SAMS			
Allawards sags Fl		Fireto Tyrnafia	198
33714 If above addresses are incorrect in any way, line through incorrect informatio		EINSTATEMEN	96
P. New Principal Office Address, If Applicable 3. New Mailing Office Address. If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 3 27 95	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.		5. FEI Number Applied For	
City & State City & State	Country	59-330487	Not Applicable \$8.75 Additional Fee required
Zip Country Zip USH Zip	Country	CERTIFICATE OF STATUS DESIRED	for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonp Name of Officers and/or Directors	orofit corporations must list at lease Street Address of Each Officer and/or Director		y / State / Zip
1 3	(Do NOT Use Post Office Box N	umbers) 4	,
BET JOHN F. MARONI 103	4 S. Kentucky 1	gve. Winter PA	K, FL 32789
	40000266 0 3640 -10/09/98 0 1091018		
		***1 05 8	.7 5 *** 1058.75
			
8. Name and Address of Current Registered Agent Name		9. Name and Address of New Registered Agent	
John F. MARSNI 1034 S. Ksintroku Ave	Street Address (P.	Street Address (P.O. Box Number is Not Acceptable)	
1034 S. KENTUCKY AVE. Winter PATK, FL	Suite, Apt. #, Etc.	Suite, Apt. #, Etc.	
32789	City		Slale Z ip Code
B. I, being appointed the registered agent of the above named corporation, ar		igations of Section 607.0505, F.S.	FL.]
Registered Agent PEGISTERED AGENT MUS	ST SIGN	Date .	8.31.98
 Does this corporation pay any intangible to Dept. of Revenue under S. 199.032, Floric 	ax to the la Statutes. Yes [r side fo r information intangible tax.)
12. I certify that I am an officer or director or the receiver or trustee empowered this reinstatement application, the reason for dissolution has been eliminate owed by the corporation have been paid and the names of individuals listed on this application is true and accurate, and my signature shall have the same	d, the corporate name satisfies th I on this form do not qualify for ar	te requirements of section 607.0401 or 6 n exemption under section 119.07(3)(i), F	7.0401 E.S. that all tops
John Mauoni		a . 111 00	
SIGNATURE: U . SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF	FFICER OR DIRECTOR	8 -14-98 Date	Daytime Phone #