

APPLICATION
FOR
REINSTATEMENT



Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATION

DOCUMENT # 195000027180

INDEL'SYS, Inc.
115 CAMPHOR TREE LANE
ALTAMONTE SPRINGS, FL

115 Campher Tree Ln
Allamonte spgs FL
32714

SAME.

1034 S. Kentucky Ave.
Suite, Apt. #, etc.
Winter Park, FL
City & State

Zip 32789 Country USA

3/27/95

59-3304870

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

| 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 |
|---------------|---|--|---|
| J.S.T. | JOHN F. MARONI | 1034 S. Kentucky Ave. | Winter Park, FL 32789 |
| | | | 4000002660964--0 -10/09/88--01091--018 ***1058.75--***1058.75 |
| | | | |
| | | | |
| | | | |
| | | | |

9. Name and Address of New Registered Agent

JOHN F. MANDINI
1034 S. KENTUCKY AVE.
WINTER PARK, FL 32789

SAME

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

Suite, Apt. #, Etc.

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 _____

John Manovic
REGISTERED AGENT

REGISTERED AGENT MUST SIGN

Date **8.31.98**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-98

Date _____

Daytime Phone #

CH2E040 (4295)