

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

97 DEC 16 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000003247

1. Corporation Name

END 2 END SYSTEMS CORPORATION

Principal Place of Business

Mailing Address

501 E. SOUTH STREET  
ORLANDO, FL 32801

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.		JANUARY 8, 1996	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3365796	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

\$5.75 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Stephen T. Barry	209 W. Ridgewood Ct.	Longwood, FL 32779

600002377996-4  
-12/19/97-01085-013  
\*\*\*\*165.00 \*\*\*\*165.00

JB  
12-17-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
STEPHEN T. BARRY 209 W. RIDGE WOOD CT. LONGWOOD, FL 32779		Name N/A	
		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		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)(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: Stephen T. Barry  
STEPHEN T. BARRY  
12-2-97 (407) 426-7777  
Date Dayline Phone #

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**END 2 END SYTEMS CORPORATION**  
501 E. SOUTH STREET  
ORLANDO, FL 32801  
(407)426-7777

November 10, 1997

Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Per our conversation with your office, I am enclosing a completed Reinstatement form and a check for \$165.00 for End 2 End Systems Corporation. The original Reinstatement form was mailed to our old address below and returned to your department as "Undeliverable".

End 2 End  
25 S. Magnolia Ave.  
Orlando, FL 32801-2603

Please note our new address and contact me if you have any questions.

Sincerely,



Stephen T. Barry  
President