

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 PM 4:06

DOCUMENT # P96000029484

1. Corporation Name

FLEA SYSTEMS, INC.

Principal Place of Business

2937 S.W. 27TH AVENUE
SUITE 101
MIAMI FL 33133

Mailing Address

2937 S.W. 27TH AVENUE
SUITE 101
MIAMI FL 33133

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

04/01/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0657515

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DSP	LANGE, KARL C	2937 S.W. 27TH AVENUE SUITE 101	MIAMI FL 33133
VP	VALLS, FERNANDO	2937 SW 27 AVENUE #101	MIAMI FL 33133

400004649894--1
-10/23/01--01044--020
****150.00 ****150.00

10/12/01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LANGE, KARL C
2937 S.W. 27TH AVENUE
SUITE 101
MIAMI FL 33133

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.

Signature of
Registered Agent

Date

10/12/01

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (8/01)

Fleasystems, Inc.
Resort Data Corporation, Inc
Armware, Inc.
Cameron Leasing, Inc.
Systems Products International, Inc.

Saturday, October 13, 2001

Annual Report Division
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

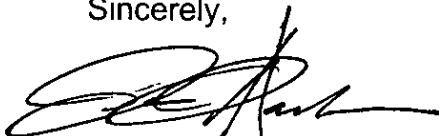
Dear Administrator:

Please accept the following renewal of our corporation application. We never received the original Uniform Business Report for any of our companies. It is a most peculiar situation that we cannot explain, but we never received the Uniform Business Report. I have always submit our application on time and would never of missed the Uniform Business Report if I had received it. My only guess is that our local mail service lost it as a batch or the buildings mail service lost it, because all the companies were missing.

Enclosed is the applications for all our companies. I received it today and made sure it was completed and mailed with a check today.

Please contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'James Martin', with a stylized flourish at the end.

James Martin
Controller