

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

98 DEC 10 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION FOR REINSTATEMENT**

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

DOCUMENT # **P96000033858**

1. Corporation Name

**FORTELE SYSTEMS, INC.**

Principal Place of Business	Mailing Address
1320 PASADENA AVENUE, S., #601 BLDG. 2 S. PASADENA FL 33707	1320 PASADENA AVENUE, S., #601 BLDG. 2 S. PASADENA FL 33707



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 <b>04/15/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3365501</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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
PSTD	FORTELE, KONSTANTINE	1320 PASADENA AVENUE, S., #601	S. PASADENA FL 33707
V	FORTELE, CATHERINE	1320 PASADENA AVENUE, S., #601	S. PASADENA FL 33707

300002712533--2  
-12/15/98-01033-012  
\*\*\*150.00 \*\*\*150.00

12/1/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FORTELE, KONSTANTINE 1320 PASADENA AVENUE, S., #601 BLDG. 2 S. PASADENA FL 33707		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> 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: *[Signature]* **REQUIRED** Date: **11-17-98**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(f), 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]* **REQUIRED** Date: **11-17-98** Daytime Phone #: **(904) 247-3653**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)

**Fortel Systems Inc.**

**1820 Pasadena Ave. S #2-601 S.Pasadena, FL. 33707 (904) 247-3653**

*Wfz*

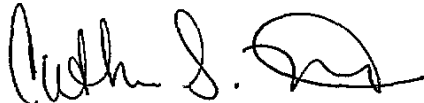
November 17, 1998

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Attention Dept. of State Rep:

I recently received a "Notice of Dissolution or Revocation". Although this is the first notice my company has received, I now understand my annual report is due by the first of May each year. Per my conversation with Sean, a Florida Department of State representative, I understand the fee will be waived this particular time only. Enclosed is a check for \$150.00.

Thank you,



Catherine S. Fortel  
V.P.  
Fortel Systems Inc.