

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JAN 23 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000052375

1. Corporation Name

Systems Support and Integration, Inc.

2. Principal Office Address - No P.O. Box #

8603 Buckskin Manor

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33328

Country

USA

3. Mailing Office Address

8603 Buckskin Manor

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33328

Country

USA

100141893191
01/23/09--01050--015 **750.00

REINSTATEMENT

05-09

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number
65-0725500

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jorge Mejia

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

8603 Buckskin Manor

Suite, Apt. #, Etc.

City

Davie, FL

State

FL

Zip Code

33328

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jorge Mejia

REGISTERED AGENT MUST SIGN

Date January 20, 2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Jorge Mejia	8603 Buckskin Manor	Davie, FL 33328
VP	Gustavo Borda	5784 fountains Drive south	Lake Worth, FL
VP	Jason Mejia	8603 Buckskin Manor	Davie, FL 33328

10. 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 contained in Chapter 119, 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:

Jorge Mejia JORGE MEJIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/09

954-671-0011

Daytime Phone #

1/27/09