

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 20 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000035715

1. Corporation Name

SYSTEMS SOLUTIONS CONSULTING CORP.

Principal Place of Business

Mailing Address

8520 SOUTHWEST 207 TERRACE
SAGABAY FL 33189

8520 SOUTHWEST 207 TERRACE
SAGABAY FL 33189

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

1689 HIATUS ROAD
SUITE 1254
Pembroke Pines, FL

(SAME)

City & State
Pembroke Pines, FL
Zip 33026 Country USA

City & State
Pembroke Pines, FL
Zip 33026 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1997

5. FEI Number

65-0746685

Applied For

Not Applicable

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	LAZARO, SERGIO	8520 SOUTHWEST 207 TERRACE 1804 NW 137 TERR.	SAGABAY FL 33189 PEMBROKE PINES, FL 33028
S	LAZARO, HELEN	8520 SOUTHWEST 207 TERRACE 1804 NW 137 TERR.	MIAMI FL 33189 PEMBROKE PINES, FL 33028

100004744711--4
-12/31/01--01050--002
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22 Street
Suite, Apt. #, Etc. 4th Floor
City Miami State FL Zip Code 33145

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.

Spiegel & Utrera, P.A.

Signature of
Registered Agent

By: Natalia Utrera, President
Natalia Utrera, President

Date

12/19/01

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 #

SERGIO LAZARO

10/19/01

305.7759887