

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

11 AUG 3 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000069883

1. Corporation Name

Autosys, Inc.

2. Principal Office Address

8815 Conroy Windermere Rd.

3. Mailing Office Address

P.O. Box 1771

Suite, Apt. #, etc.

#220

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

Orlando, Florida

Zip

32835

Country

USA

Zip

34786

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/12/1997

5. FEI Number

59-3467113

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

RJ Nana

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

8815 Conroy Windermere Rd

Suite, Apt. #, Etc.

220

City

Orlando

State

FL

Zip Code

32835

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

REGISTERED AGENT MUST SIGN

Date

7/31/01

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
D.	RJ Nana	8815 Conroy Windermere Rd #220	Orlando/Florida/32835

REINSTATEMENT 00-01

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 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 #

R.J. NANA

7/31/01

407-987-4100

CR2E081 (9/00)