

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 17 PM 2:04

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

400098022204
04/23/07--01047--019 **450.00

REINSTATEMENT 05-07

CR2E081 (1/07)

DOCUMENT # P97000085207

1. Corporation Name

SYSTEM DEVELOPMENT CONTROL, INC.

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

7325 W 2SD CT

3. Mailing Office Address

9580 SW 107TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

City & State

HIALEAH

City & State

MIAMI

Zip
33041

Country
USA

Zip
FL 33176

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-01-97

5. FFL Number
650785390

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
ALBERTO QUADRENY

Street Address (P.O. Box Number is Not Acceptable)
7325 W 2ND COURT

Suite, Apt. #, Etc.

City
HIALEAH

State
FL

Zip Code
33014

☒ 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

REGISTERED AGENT MUST SIGN

Date **04-14-07**

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
DPT	QUADRENY, ALBERTO	7325 W 2 COURT	HIALEAH, FL 33014

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT A. QUADRENY

04-14-07

Date

305-275-0055

Daytime Phone #