

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

02 NOV 27 PM 6:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000000010

1. Corporation Name

SYSTEAM OF FLORIDA, INC.

Principal Place of Business

8725 NW 18TH TERR  
PH A  
MIAMI FL 33172  
US

Mailing Address

8725 NW 18TH TERR  
PH A  
MIAMI FL 33172

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/30/1997

5. FEI Number

65-0801654

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BLANCO, ABELARDO	8725 NW 18TH TERR, PH-A	MIAMI FL 33172
<del>D</del>	<del>KAUFMAN, SEAN D</del>	<del>8725 NW 18TH TERR, PH-A</del>	<del>MIAMI FL 33172</del>

8. Name and Address of Current Registered Agent

~~REINER, SAMUEL "CLAY"~~  
~~7700 NORTH KENDALL DRIVE~~  
~~SUITE 303~~  
~~MIAMI FL 33156~~

9. Name and Address of New Registered Agent

Name BLANCO, ABELARDO  
Street Address (P.O. Box Number is Not Acceptable)  
8725 NW 18TH TERR  
Suite, Apt. #, Etc.  
PH A  
City MIAMI State FL Zip Code 33172

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. or 617.0505, F.S.

Signature of  
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

4/26/02

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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/26/02 305 4777303

CR2E040 (8/02)



November 26, 2002

**SysTeam of Florida, Inc.**

To Whom It May Concern:

Enclosed please find a completed application for reinstatement for SysTeam of Florida, Inc. We did not receive the original notices for the 2002 Uniform Business Report Form we have received on previous years.

We are respectfully requesting that you waive the penalties for late filing and reinstate our corporations as soon as possible.

Should you have any questions, please contact me at your earliest convenience at 305-477-7303.

Sincerely,

A handwritten signature in black ink, appearing to read "Abe D Blanco", with a long horizontal flourish extending to the right.

Abe D Blanco  
President