

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000000010

1. Corporation Name

SYSTEM 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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

300025426833

12/11/03--01060--020 \*\*150.00



REINSTATEMENT

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BLANCO, ABELARDO	8725 NW 18TH TERR, PH-A	MIAMI FL 33172

8. Name and Address of Current Registered Agent

BLANCO, ABELARDO

8725 NW 18TH TERR

PHA

MIAMI FL 33172

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 12/4/03

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

12/4/03

Daytime Phone #

CR2040 (7/03)



December 4, 2003

**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 2003 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 co 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", written over a horizontal line.

Abe D Blanco  
President