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

SYSTEAM OF FLORIDA, INC.

							30002542683 *** 12/11/0301060020	3	
Principal Place of Business Ma				Mailing Address			12/11/0301060020 **	150.00	
8725 NW 18 PH A MIAMI FL 3 US	3172	incorrect in any way line to	8725 NW 18TH TERR PH A MIAMI FL 33172			correction below	REINSTALEMENT (13-4)		
If above addresses are incorrect in any way, line through incorrect. New Principal Office Address, If Applicable 3. New				Mailing Office Address, If Applicable			Date Incorporated or Qualified		
Suito Ant # eto			Suite Ant # etc			<u> </u>	To Do Business in Florida 12/30/1997		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. FEI Number Applied For		
City & State			City & State				65-0801654 Not Applicable		
Zip		Country	Zip	Zip		7		dditional Fee required Certificate of Status	
7. Names a	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprof	it corpora	tions must list at lea	st 3 directors)		
Title(s)	Name of Officers and/or Directors			I		eet Address of Each icer and/or Director	City / State /	City / State / Zip	
D	BLANCO, ABELARDO			8725 NW 18TH TERR, PH-A			MIAMI FL 33172		
Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent Name			
BLANCO, ABELARDO 8725 NW 18TH TERR PHA MIAMI FL 33172						Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code			
10. I, being	appointed the	registered agent of the ab	ove named corpo	ration, am f	amiliar wi	th and accept the ol	ligations of Section 607.0505, F.S. or 617.0505, F.	S.	

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 of Registered Agent



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

12/4/03

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LUAL TARY OF STATE

TRISION OF CORPORATION

03 DEC -5 PM 1:35

Daytime Phone #

CR2E040 (7/03)



December 4, 2003

SysTeam of Florida, Inc.

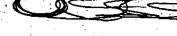
To Whom It May Concern:

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,



Abe D Blanco.
President

