

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT -4 AM 10:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000007674

1. Corporation Name
G.L. Systems Corporation

2. Principal Office Address
14940 SW 129 Pl Rd

Suite, Apt. #, etc.

City & State
Miami, FL

Zip Country
33186

3. Mailing Office Address
6401 SW 87th Ave.

Suite, Apt. #, etc.
-204

City & State
Miami, FL

Zip Country
33173

REINSTATEMENT 09-00

4. Date Incorporated or Qualified To Do Business in Florida 1998

5. FEI Number 65-0807824 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 Robert E. Lewis 200003427952-9
Street Address (P.O. Box Number is Not Acceptable) 14940 SW 129 Pl Rd -10/18/00--01002--015
Suite, Apt. #, Etc. -204 ***600.00 ****600.00
City Miami 200003427952-9
State Zip Code FL 33186 -10/18/00--01002--016
150.00 *150.00

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 *Robert E. Lewis*
REGISTERED AGENT MUST SIGN

Date 25 July 2000

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	Robert E. Lewis	14,940 Sw 129 Pl. Rd.	Miami ,FL 33186
			200003427952-9 -10/18/00--01002--017 ***150.00 ****150.00
			KE

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: *Robert E. Lewis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT E. LEWIS, PRESIDENT

Date 25 July 2000 Daytime Phone # 305-235-8230

CR2E081 (9/99)