

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 9:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000023348**

1. Corporation Name
WURKO SYSTEMS CONSULTING CO.

Principal Place of Business
**3311 DARTMOUTH DRIVE
 TALLAHASSEE FL 32317**

Mailing Address
**3311 DARTMOUTH DRIVE
 TALLAHASSEE FL 32317**



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/10/1998	
City & State		City & State		5. FEI Number	
Zip		Country		59-3496412	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
P	OKRUW, STEPHEN	12868 MEAGHAN CT 3311 DARTMOUTH DRIVE	JACKSONVILLE FL 32225 TALLAHASSEE, FL 32317
			800008693568 10/30/02--01032--010 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
OKRUW, STEPHEN K 12868 MEAGHAN COURT JACKSONVILLE FL 32225		Name		
		Street Address (P.O. Box Number is Not Acceptable) 3311 DARTMOUTH DRIVE		
		Suite, Apt. #, Etc.		
		City	State	Zip Code
		TALLAHASSEE	FL	32317

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 Date: 10/23/2002
 REGISTERED AGENT MUST SIGN

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)(l), 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: STEPHEN OKRUW
SIGNATURE REQUIRED Date: 10/23/2002 Daytime Phone #: 904-607-1203
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE040 (8/02)

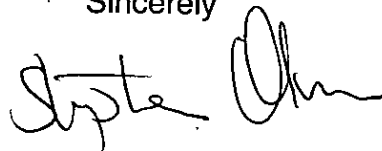
Wurko Systems Consulting Co.
3311 Dartmouth Drive
Tallahassee, FL 32317
October 25, 2002

Division Of Corporations
Florida Department Of State
P. O. Box 6327
Tallahassee, FL 32314

Dear sir/madam,

This is to state that this corporation did not receive the prior UBR notices. This might have been due to the address change of the corporation. I am therefore attaching a check for one hundred and fifty dollars (\$150.00) and the reinstatement form to reactivate this corporation.

Sincerely



(Stephen Okruw)

President.