

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

06 JUL 27 PM 1:17

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000023348

1. Corporation Name

WURKO SYSTEMS CONSULTING Co.

W06000033210

2. Principal Office Address

730 Rollins Rd

Suite, Apt. #, etc.

3. Mailing Office Address

1410 Liberty Lane

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Cumming, GA

Zip

32308

Country

USA

Zip

30040

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/1998

5. FEI Number

59-3496412

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

STEPHEN OKRUW

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

730 RIGGINS ROAD

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32308

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

Stephen Okruw

Date

07/20/2006

REGISTERED AGENT MUST SIGN

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
P	STEPHEN OKRUW	730 ROLLINS RD	TALLAHASSEE, FL 32308

200078777052
08/15/06--01048--012 **458.75

REINSTATEMENT

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/20/2006

Date

Daytime Phone #

904-874-4911

My

Wurko Systems Consulting Co.
730 Rollins Rd
Tallahassee, FL 32308
July 20, 2006

To Whom IT MAY CONCERN

This note is to request a waiver of the reinstatement fee. The company did not and still has not received 04/05 the annual report notices probably due to relocation.

Attached is the fee for \$450.00 being the annual report and corporate supplemental fees for the periods since the dissolution.

Sincerely
Stephen Olson
(President)