

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000053669

1. Corporation Name

Systems Go International Corporation

2. Principal Office Address

3825 Henderson Blvd.

Suite, Apt. #, etc.

Suite 500

City & State

Tampa, FL

Zip

33629

Country

U.S.

3. Mailing Office Address

3825 Henderson Blvd.

Suite, Apt. #, etc.

Suite 500

City & State

Tampa, FL

Zip

33629

Country

U.S.

REINSTATEMENT

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

6/16/98

5. FEI Number

☒ Applied For
☐ Not Applied For

6. CERTIFICATE OF STATUS DESIRED ☐ ~~Non-Resident~~ ☐ ~~Foreign~~ ☐ ~~Other~~

7. Name and Address of Current Registered Agent

Name

Barsi, Clifford S.

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

3825 Henderson Boulevard

Suite, Apt. #, Etc.

Suite 500

City

Tampa

State

FL

Zip Code

33629

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

REGISTERED AGENT MUST SIGN

Date

11/1/00

9. Names and Street Addresses of Each Office 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.	Clifford S. Barsi	3825 Henderson Blvd, Ste 500	Tampa, FL 33629

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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Clifford S. Barsi

Clifford S. Barsi, Director

Date

Daytime Phone #

(813) 927-4325