

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **REINSTATEMENT**

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

DOCUMENT # **P98000083369**

1. Corporation Name
SYSTEMS TECHNOLOGIES, Inc

Principal Place of Business Mailing Address
**9456 Philips Hwy Suite 10
Jacksonville, FL 32256**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

FILED
99 NOV 16 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **99**

4. Date Incorporated or Qualified To Do Business in Florida
SEPT 24 1998

5. FEI Number
59-3534788

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ SS 702.20 (2000) 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	CHRISTOPHER CORBETT	11250 CENTER HARBOR RD	RESTON, VA. 20194
SEC TRE	JOSEPH CIOTT	4018 COCHRAN RD.	GAINSVILLE, GA. 30506
DIR.	JAMES LANDIS	2718 WINDY HILL	ALCANTOWN, PA. 18106
DIR.	RON PUSEY	7527 HIDDEN LAKE CR	MECHANICSVILLE, VA. 23111
DIR.	ALLEN ROSENKOFF	13917 CRISTO COURT	CENTERVILLE, VA. 20120
V.P.	CHARLES BYROM	2974 LANTANA LAKES DR E.	JACKSONVILLE, FL. 32246
DR FIN	AMBER CROTZER	9 ARBOR CLUB DR #211	PONTE VEDRA FL. 32082

8. Name and Address of Current Registered Agent
**V.P. CHARLES BYROM
2974 LANTANA LAKES DR E.
JACKSONVILLE, FL. 32246**

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
500003061095--S.
Suite, Apt. #, Etc.
-12/06/99--01019--005
*****750.00 ***750.00**
City
State
FL
Zip Code

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.

Signature of Registered Agent **Charles E. Byrom** Date **11/8/99**
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on Intangible tax.)

12. 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: **Amber Crotzer** **AMBER CROTZER** **11-5-99** **904 880-1990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2006 (12/98)