

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 JAN 31 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P99000035907

1. Corporation Name

SYSGOLD CORPORATION

2. Principal Office Address - No P.O. Box #

11710 Plaza America Drive

Suite, Apt. #, etc.

Suite 420

City & State

Reston, VA

Zip

20190

Country

USA

3. Mailing Office Address

11710 Plaza America Drive

Suite, Apt. #, etc

Suite 420

City & State

Reston, VA

Zip

20190

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

April 19, 1999

5. FEI Number

650924202

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

300244248603

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

*Carina L. Dunlap*

Carina L. Dunlap

Asst. Vice President

Date

01-31-13

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
D/P	David L. Mitchell	11710 Plaza America Dr., Ste 420	Reston, VA 20190
S	Paul J. Bosco	11710 Plaza America Dr., Ste 420	Reston, VA 20190

REINSTATEMENT

JAN 31 2013

R. HUNT

10. E-mail Address: pbosco@springwireless.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Paul J. Bosco* PAUL J. BOSCO

January 31, 2013 (703) 348-1740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 517378 7650642

AUTHORIZATION :

*Signature*

COST LIMIT : \$ ?

ORDER DATE : January 31, 2013

ORDER TIME : 2:25 PM

ORDER NO. : 517378-005

CUSTOMER NO: 7650642

DOMESTIC FILINGS

NAME: SYSGOLD CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - Ext# 52951

EXAMINER'S INITIALS

JAN 31 2013

R. HUNT

RECEIVED  
DEPT. OF STATE  
13 JAN 31 PM 4:23