

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 OCT 16 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000067784

1. Corporation Name

System Program Solutions, Inc

2. Principal Office Address

1175 Crispwood Ct
Suite, Apt. #, etc.

3. Mailing Office Address

in care of Elizabeth Syth
1175 Crispwood Ct
Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32703

Country

Orange

City & State

Apopka, FL

Zip

32703

Country

Orange

REINSTATEMENT

2000

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

July 29, 1999

5. FEI Number

59-3598876

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

Elizabeth Syth

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

1175 Crispwood Ct

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

300003441753-2

-10/27/00-01021-007

****750.00 ****750.00

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**

Elizabeth Syth

REGISTERED AGENT MUST SIGN

Date 10-11-00

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
Pres	Randy Syth	1175 Crispwood Ct	Apopka FL 32703
Treas	Elizabeth Syth	1175 Crispwood Ct	Apopka FL 32703

LS

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

SIGNATURE: Elizabeth Syth Elizabeth Syth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-00
Date

407-886-5733
Daytime Phone #