## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

04 APR 19 AM 11: 56 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

## DOCUMENT # P99000075085

1. Corporation Name

SYSTEMS UNLIMITED, INC.

2. Principal Office Address		3. Mailing Office Address		
4601 Bougir	villa Dr.	4601 Bouginvilla Dr.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
Lauderdale by the Sea		Lauderdale by the Sea		
City & State		City & State		
Ft. Lauderdale, FL		Ft. Lauderdale, FL		
Zip	Country	Zip	Country	
33308	USA	33308	USA	

EINSTATEMENT 02-C

	4. Date incorporated or Qualified To Do Business in Florida	8-17-	-99
	5. FELNumber 650943965		Applied For
_	650943965		Not Applicable
	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Add	litional Fee require

	<u> </u>		for a Certificate of Sta
7. Name and Address of Current Register	red Agent		
Name Bruce A. Goodman	90003	33050	509
Street Address (P.O. Box Number is Not Acceptable) 2900 East Oakland Park Boulevard	<del></del>	710 <u>11</u> 011	**1058.75
Suite, Apt. #, Etc.			
Third Floor			
Ft. Lauderdale	State FL	Zip Code 33306	

Signature o Registered	Agent MMG AMMERICAN REGISTERED	Date 4/19/04					
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				
Dir.	Donald E. Snelling	5902 Elmwood Hill Lane	Kingwood, TX 77345				
COO	Patrick Parmater	4601 Bouginvilla Dr.	Ft. Lauderdale, FL 3330				

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.

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 filling 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:

Donald E. Smelling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(01/04)