

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Pg 1 of 2

AND
FILED

01 MAY 24 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P 990000 86021

1. Corporation Name

A.I. Systems, INC.

2. Principal Office Address

1172 S. Dixie Hwy

3. Mailing Office Address

1172 S. Dixie Hwy

Suite, Apt. #, etc.

#452

Suite, Apt. #, etc.

#452

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

65-095-1628

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

Ruben Vila

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

1172 S. Dixie Hwy

Suite, Apt. #, Etc.

#452

City

CORAL GABLES

State

FL

Zip Code

33146

8. I, being appointed the registered agent of the above named corporation, on behalf of and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent Ruben Vila

REGISTERED AGENT MUST SIGN

Date

5/18/01

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
<u>Pres.</u>	<u>Mr RUBEN VILA</u>	<u>1172 S. Dixie Hwy #452</u>	<u>CORAL GABLES, FL</u> <u>33146</u>
			<u>MW</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUBEN VILA

Date

5/18/01

Daytime Phone #

786-268-0400

CR2001 (9/00)

A.I. SYSTEMS, INC.

MAY 18, 2001

TO: DEPARTMENT OF STATE

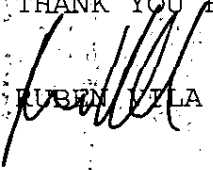
RE: A.I. SYSTEMS, INC.

ENCLOSED PLEASE FIND OUR FEE TO REINSTATE THE
CORPORATION A.I. SYSTEMS, INC.

WE NEVER RECEIVED THE RENEWAL APPLICATION, AS WE HAD
MOVED TO OUR NEW ADDRESS:

1172 S. DIXIE HWY #452
CORAL GABLES, FL 33146

THANK YOU FOR YOUR ASSISTANCE.


RUBEN VELA

A.I. SYSTEMS, INC.
1172 South Dixie Highway, #452
Coral Gables, FL 33146
Phone: 305-597-7053 • Fax: 305-597-9410