

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000086021

Entity Name: A.I. SYSTEMS, INC.

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

3900 NW 79TH AVE
#474
MIAMI, FL 33156

New Principal Place of Business:

4000 PONCE DE LEON BLVD
SUITE #470
CORAL GABLES, FL 33146

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0951628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCADIER, MAURICE JD
9703 S. DIXIE HWY #20
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

ARCADIER, MAURICE JD
700 N WICKHAM RD
SUITE #107
MELBOURNE, FL 32935 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MAURICE ARCADIER

04/17/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VILA, RUBEN
Address: 1172 S.DIXIE HWY, SUITE #452
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBEN VILA

PRES

04/17/2007

Electronic Signature of Signing Officer or Director

Date