

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000095189

1. Corporation Name

A 2 K SYSTEMS CORP.

Principal Place of Business

Mailing Address

3340 NW 102 STREET  
MIAMI FL 33147

3340 NW 102 STREET  
MIAMI FL 33147

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/28/1999

5. FEI Number

65-0968112

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
BD	GRANADO, GABRIEL	<del>6175 N.W. 167TH STREET #G8</del> 3340 NW 102 ST	MIAMI FL <del>33015</del> 33147

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRANADO, GRABRIEL  
6175 N.W. 167TH STREET  
#G8  
MIAMI FL 33015

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/17/01

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., 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/01 M.W.

FILED  
Oct 29, 2001 8:00 A.M.  
Secretary of State



CR2ED40 (8/01)

To: The Florida Department of State

Dear:

My corporation **A2K Systems corp.** was dissolved for failure to file the 2001 annual report ,but I sent a check and the report by mail **September 11 2001** and the check was collected by **September 18** ,then I was thinking that everything was right .

I never received any notice that something was wrong until this one .Please can you tell me what can I do at this moment .

Thank you  
Gabriel Granado.  
President

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