

PLEASE READ ALL INSTRUCTIONS BEFORE COMI

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90411 003 ***150.00

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P99000107275**

1. Corporation Name

SYSTEMS WAREHOUSE, INC.

116948

2. Principal Office Address

3495 WOOLBRIGHT ROAD

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33436

Country

USA

3. Mailing Office Address

3495 WOOLBRIGHT ROAD

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33436

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

-12/13/99

5. FEI Number

65-1003055

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

Maria Ticeran

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

5070 Ashley Lake Dr.

Suite, Apt. #, Etc.

Apt. 8-21

City

Boynton Beach

State

FL

Zip Code

33437

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

REGISTERED AGENT MUST SIGN

Date **05.30.02**

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
PV	Maria Ticeran	5070 Ashley Lake Dr. 8-21	Boynton Beach FL 33437

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

05.30.02

Date

(561) 752-5523

Daytime Phone #

CR2E081 (9/01)