

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000107275

1. Corporation Name

SYSTEMS WAREHOUSE, INC

REINSTATEMENT 03

2. Principal Office Address

5070 ASHLEY DR.

Suite, Apt. #, etc.,

8-21

City & State

BOYNTON BEACH, FL

Zip

33437

Country

USA

3. Mailing Office Address

5070 ASHLEY DR.

Suite, Apt. #, etc.

8-21

City & State

BOYNTON BEACH, FL

Zip

33437

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

600025312126
12/08/03--01014--013 **150.00

7. Name and Address of Current Registered Agent

Name

MARIA TICERAN

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

5070 ASHLEY DR

Suite, Apt. #, Etc.

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 11.29.03

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 DR #8-21 | BOYNTON BEACH, FL 33437 |
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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

Date

Daytime Phone#

11.29.03 (561) 433-2271

CR2E081 (10/02)

TR

Systems Warehouse, Inc.

5070 Ashley Dr. #8-21
Boynton Beach, FL 33437

(561) 561-752-5573

Maria Ticeran
President

November 19, 2003

Division Of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

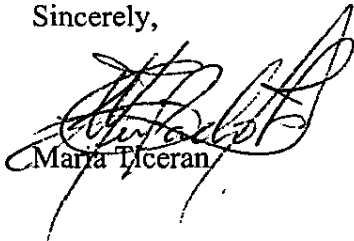
RE: P99000107275

To Whom It May Concern:

Please be informed that we did not receive the Annual Report and therefore, we forgot to make payment. We are submitting a reinstatement form along with a check in the amount of \$150.00 dollars. Kindly accept this as full payment and waive any penalties. Please also note the current address above and advise.

Thank you for your understanding.

Sincerely,



Maria Ticeran