

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 11 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 263893

1. Corporation Name
SYLVIA WHYTE MANUFACTURING CO.

Principal Place of Business
**67 N E 17 TERRACE
MIAMI FL 33132**

Mailing Address
**67 N E 17 TERRACE
MIAMI FL 33132**



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

4. Date Incorporated or Qualified To Do Business in Florida
12/17/97-10/23/1962

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
59-0992437
Applied For Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SCHWARTZ, LAUREL	230 BYER SHORE RD.	BYREN CT
P	WHYTE, SYLVIA	5500 COLLINS AVENUE #301	MIAMI BEACH FL
VD	WHYTE, JOHN J.	1600 W. 24TH ST. #3	MIAMI BCH. FL

REINSTATEMENT SL
12-16-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WHYTE, SYLVIA
67 NE 17TH TERR
MIAMI FL 33132**

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 Sylvia Whyte
REGISTERED AGENT MUST SIGN

Date 12/9/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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)(l), 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: Sylvia Whyte Sylvia Whyte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/9/97
Daytime Phone # (305) 379-7365

CP25040 (8/97)