

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000004257

1. Entity Name  
SYROCO, INC.



FILED

06 DEC 12 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7528 STATE FAIR BLVD.  
BALDWINVILLE, NY 13027

Mailing Address  
7528 STATE FAIR BLVD.  
BALDWINVILLE, NY 13027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



11212006

REIN-P

CR2E098 (11/05)

4. FEI Number  
20-1465704

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CP  
VASSALLO, SALVADOR V  
PO BOX 800473  
COLO LAUREL, PR 00780 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RAYMOND P. CARRICK  
PRESIDENT  
7528 STATE FAIR BLVD  
BALDWINVILLE, NY 13027 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
VASSALLO, RAFAEL V  
PO BOX 800473  
COLO LAUREL, PR 00780 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700082482657  
12/12/06--01049- 003 \*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
LECTORA, PETER  
PO BOX 800473  
COLO LAUREL, PR 00780 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
12/12/12 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSEPH R. WILSON

11/21/06

(315) 671-2479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #