

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 27 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000006364**

**1. Corporation Name**

**SYLVEST MANAGEMENT SYSTEMS CORPORATION**

**2. Principal Office Address**

**1840 Century Park East**

Suite, Apt. #, etc.

City & State

**Los Angeles, California**

Zip

**90067**

Country

**USA**

**3. Mailing Office Address**

**SAME**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**12/5/96**

**5. FEI Number**

**52-1550631**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**REINSTATEMENT**

**02-03**

**7. Name and Address of Current Registered Agent**

Name

**CT CORPORATION SYSTEM**

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

**1200 SOUTH PINE ISLAND ROAD**

Suite, Apt. #, Etc.

City

**PLANTATION**

State

**FL**

Zip Code

**33324**

**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

*Connie Bryan*

**CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY**

REGISTERED AGENT MUST SIGN

Date **01/27/2003**

**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
	SEE EXHIBIT A ATTACHED HERETO		

**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:**

**John H. Mullan, Secretary**

**1-23-03 310-201-3081**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20f2

**EXHIBIT A**  
**TO**  
**CORPORATION REINSTATEMENT**  
**IN**  
**FLORIDA**  
**OF**  
**SYLVEST MANAGEMENT SYSTEMS CORPORATION**

Address for all Directors and Officers: 1840 Century Park East  
Los Angeles, California 90067

Directors

Albert F. Myers  
John H. Mullan  
Gary W. McKenzie

Officers

✓ Albert F. Myers	Chairman, President, Chief Financial Officer and Treasurer
Joseph D. Rounkles	Vice President
✓ Stephen C. Movius	Vice President
✓ James M. Dean	Vice President
Paul A. Taltavall	Vice President
✓ Rene LaVigne	Vice President
✓ John H. Mullan	Secretary
Ralph K. Pope	Assistant Secretary
Kathleen M. Salmas	Assistant Secretary
David H. Strode	Assistant Treasurer
Lloyd A. Straits	Assistant Treasurer