

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 30 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000002495**

1. Corporation Name
SYRSTONE, INC.

W07-9759

2. Principal Office Address 201 S. Main St, Ste. 306 Suite, Apt. #, etc.		3. Mailing Office Address PO Box 247 Suite, Apt. #, etc.	
City & State N. Syracuse, NY		City & State N. SYRACUSE, NY	
Zip 13212	Country USA	Zip 13212	Country USA

REINSTATEMENT 00.67
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 1972 NY State	
5. FEI Number 16 1010858	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Mark P Lang		
Street Address (P.O. Box Number is Not Acceptable) 222 West Comstock Ave		
Suite, Apt. #, Etc. Suite 210		
City Winter Park	State FL	Zip Code 32790-2615

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: *Mark P Lang* Date: 3.26.07
REGISTERED AGENT MUST SIGN

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
Pres	Richard L Monk	Box 62	Sprakers, NY 12166
V Pres	Joseph C Wilckens	1436 Co Rt 23	Constantia, NY 13944
V Pres	F. Michael LaMonica	761 Biggs Highway	Rising Sun, MD 21911
Sec/Treas	Chris C Schneider	8172 Eastwood Rd	Bridgeport, NY 13030
			800096448008 04/11/07--01022--010 **1658.75
			800096448008 04/11/07--01022--011 **141.25

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 contained in Chapter 119, 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: *Chris C Schneider* Date: 9/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: 315 458 7723

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