

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINSTATEMENT

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

APPROVED
AND
FILED

98 NOV 23 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K03084

1. Corporation Name

SYDEN, INCORPORATED

Principal Place of Business

Mailing Address

6035 ESTERO BLVD.
FT. MYERS BEACH FL 33931
US

6035 ESTERO BLVD.
FT. MYERS BEACH FL 33931
US



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/20/1987	
City & State		City & State		5. FEI Number	
Zip		Country		65-0019191	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	

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	GESSLER, PAUL L	6035 ESTERO BLVD.	FT. MYERS BEACH FL 33931

600002703876--3
-12/04/98--01107--017
****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PAUL L. GESSLER 6035 ESTERO BLVD. FT. MYERS BEACH FL 33931	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State 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

Paul L. Gessler **REQUIRED**
REGISTERED AGENT MUST SIGN

Date

11/19/98

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)(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:

Paul L. Gessler **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19/98

9419928573

CR2040 (8/98)

202

November 19, 1998

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

Dear Division of Corporations,

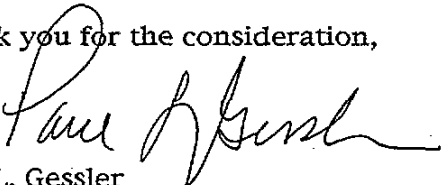
As the secretary of Syden Corporation, I just received your notice of dissolution. This is the only notice I have received all year!

I called your department and they instructed me to send in \$150.00.

Please check your computer records for our address:

Syden Incorporated
6035 Estero Blvd, Fort Myers Beach, Florida 33931

Thank you for the consideration,


Paul L. Gessler
Secretary, Syden Inc.