

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN 10 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038604

1. Corporation Name

C"Y" EXCLUSIVE MGMT. CO. INC.

2. Principal Office Address

1481 NW 45TH ST

3. Mailing Office Address

1481 NW 45TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33142

Country

USA

Zip

33142

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/18/2000

5. FEI Number

65-1023061

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CRAVEN FERGUSON

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

1481 NW 45TH ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

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

CRAVEN FERGUSON

Date 6 June 2003

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
PTD	CRAVEN FERGUSON	1481 NW 45TH ST	MIAMI FL 33142
SVD	CHERYL Y FERGUSON	1481 NW 45TH ST	MIAMI FL 33142

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:

CRAVEN FERGUSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6 June 2003

Daytime Phone #

305 247 6819

CR2001 (9/01)

20611

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Daytime Phone #

**305 2476819**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E001 (9/01)

June 6, 2003

Corporation Reinstatement  
Document# P00000038604

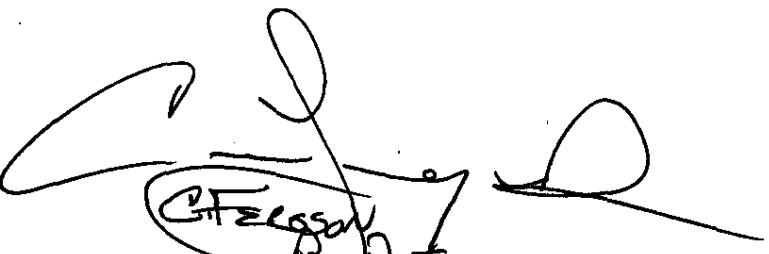
C'Y"EXCLUSIVE MGMT.CO.INC.  
1481 NW 45st  
Miami, Fl 33142

To whom it may concern,

We never recieved our Uniform Business Report. Please accept our apologies for not realizing the error sooner. So, we ask if you can waive the \$550.00 fee and instead accept \$450.00 as my reinstatement fee for the missed years without any penalties.

We thank you in advance and promise not to ever allow this to happen again.

If you have any questions please contact me, Craven Ferguson  
at....(305)773-4332

  
C. Ferguson  
President  
C'Y"EXCLUSIVE MGMT Co. Inc.  
C. Ferguson