

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 24 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000055729

1. Corporation Name

SYSERAL INVEST, INC

2. Principal Office Address

6205 LAKE WILSON RD

Suite, Apt. #, etc.

SUITE C

City & State

DAVENPORT FL

Zip

33896

Country

USA

3. Mailing Office Address

6205 LAKE WILSON RD

Suite, Apt. #, etc.

SUITE C

City & State

DAVENPORT FL

Zip

33896

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified

To Do Business in Florida 06/06/2001

5. FEI Number

N/A

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

HEXAGON INTERNATIONAL, INC

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

6205 LAKE WILSON RD

Suite, Apt. #, Etc.

SUITE C

City

DAVENPORT

State

FL

Zip Code

33896

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

[Signature]
REGISTERED AGENT MUST SIGN

registered Agent

Date 3/17/04

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
P	CHOULOT, Sylviane	6205 LAKE WILSON RD - SUITE C	DAVENPORT FL 33896
V	CHOULOT, Alain	6205 LAKE WILSON RD - SUITE C	DAVENPORT FL 33896
T	CHOULOT, Eric	6205 LAKE WILSON RD - SUITE C	DAVENPORT FL 33896

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Choulot President

3/17/04

Date

407.702.8083

Daytime Phone #