

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 17 AM 9 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000011473

1. Corporation Name Sxy management Corp

2. Principal Office Address

6302 Hammock Park Road

Suite, Apt. #, etc.

City & State

West Palm Beach FL

Zip

33411

Country

Palm Beach

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/31/02

5. FEI Number

16-1630506

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steven Mariu

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

6302 Hammock Park Road

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33411

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

Date 2-14-05

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	Steven Mariu	6302 Hammock Park Road	West Palm Beach FL 33411

600047421976
03/01/05--01003--003 **450.00

REINSTATEMENT 03-05

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-05

Date

(561) 662-8521

Daytime Phone #

CR2E081 (01/04)

**SXY Management Corp
State Transport & Recovery
6302 Hammock Park Road
West Palm Beach, FL 33411
Tel: (561)662-8521**

February 14, 2005

**Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314**


Re: Corporate fees

To Whom It May Concern:

As per telephone conversations with representatives from the Department of State I am enclosing a check for \$450 which is payment for Florida state filing fees for 2003, 2004, and 2005. As I stated in these telephone conversations I did not receive any notifications since I had moved my business location.

Thank you for your consideration in this matter.

Yours truly,



**Steven Yariv
President**