

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000114841

1. Corporation Name

SIRRCK ENTERPRISES, INC.

Principal Place of Business

8640 NW 52ND COURT  
LAUDERHILL FL 33351

Mailing Address

8640 NW 52ND COURT  
LAUDERHILL FL 33351

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/24/2002

5. FEI Number

42-155-7767

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SIRACUSA, RICHARD	8640 NW 52ND COURT	LAUDERHILL FL 33351

800023955588  
10/20/03--01050--012 \*\*150.00

8. Name and Address of Current Registered Agent

SIRACUSA, RICHARD  
8640 NW 52ND COURT  
LAUDERHILL FL 33351

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Richard Siracusa*

REGISTERED AGENT MUST SIGN

Date 10-16-03

11. 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

Date

Daytime Phone #

*Richard Siracusa* 10-16-03 954-415-9184

CR20040 (7/03)

10-16-03

Dear Sir

Please verify my mailing  
address

8640 NW 52<sup>nd</sup>  
Hawdeshill, FL 33351

as I never received the two  
prior business reports (UBR)  
notices

Thank you

Richard ~~for~~ President