

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 12 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/12/08--01034--013 **600.00

REINSTATEMENT
CR2E081 (12/07)

05-08^{KS}

DOCUMENT # P04000058244
1. Corporation Name
NYR CORP

2. Principal Office Address - No P.O. Box # 787 SW Bromelia ter Suite, Apt. #, etc.		3. Mailing Office Address 787 SW Bromelia ter Suite, Apt. #, etc.	
City & State Stuart FL		City & State Stuart FL	
Zip 34997	Country Martin	Zip 34997	Country Martin

4. Date Incorporated or Qualified To Do Business in Florida 4/6/2004

5. FEI Number ~~1-1123169~~ 20-1123169 ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name Richard Scicchitano
Street Address (P.O. Box Number is Not Acceptable) 787 SW Bromelia ter
Suite, Apt. #, Etc.
City Stuart **State** FL **Zip Code** 34997

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 **Date** 2/28/08
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
Pres	Richard Scicchitano	787 SW Bromelia ter	Stuart FL 34997

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 contained in Chapter 119, 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 2/28/08 **Daytime Phone #** 772-260-4160