


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 21 PM 1:06


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000108503 1. Entity Name SYLVIA INTERNATIONAL INC.	
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Principal Place of Business 617 NORTH MAGNOLIA ORLANDO, FL 32801	Mailing Address 617 NORTH MAGNOLIA ORLANDO, FL 32801
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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09282005 REIN-P CR2E098 (6/04)

4. FEI Number 34-2008210	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: **GARY MICHAEL**
 Street Address (P.O. Box Number is Not Acceptable): **617 N. Magnolia**
 City: **Orlando** **FL** Zip Code: **32801**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Gary Michael* DATE: **10/05/05**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE	NAME	Delete <input type="checkbox"/>
PSTD	MICHAEL, GARY	<input type="checkbox"/>
STREET ADDRESS	617 NORTH MAGNOLIA	
CITY - ST - ZIP	ORLANDO, FL 32801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	300060456593	
	10/10/05--01074--011 **150.00	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gary Michael, Pres.* Date: **10/5/2005** Daytime Phone #: **407-310-7620**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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