

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -3 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000136392

1. Corporation Name SYRENA, INC.

2. Principal Office Address - No P.O. Box #

35 Hypolita St.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

"

City & State

St Augustine

City & State

"

Zip

32084

Country

St. John's

Zip

"

Country

"

500181665585
06/03/10--01018--016 **1050.00

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

9/30/04

5. FEI Number

141916013

☐ 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

Joseph L. Boles

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

19 Ribesia Street

Suite, Apt. #, Etc.

City

St. Augustine, FL.

State

FL

Zip Code

32084

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

REGISTERED AGENT MUST SIGN

Date 6/1/10

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
<u>PSTD</u>	<u>BEATA KOSAKOWSKA</u>	<u>42 OCEAN PINES RD.</u>	<u>St. Augustine, FL 32080</u>
<u>CT</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
		<u>6/1/10</u>	

10. E-mail Address: JACK RIVERDALE @ AOL.COM

(To be used for future annual report notification)

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. I further certify, 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:

Beata Kosakowska

6/1/10

904 323 1196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #