

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P 07000119237*

1. Corporation Name

Syllabus, Inc

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

7428 Laurels Place

Suite, Apt. #, etc.

3. Mailing Office Address

7428 Laurels Place

Suite, Apt. #, etc.

City & State

Altitude, FLA

City & State

FLA

Zip

34986

Country

USA

Zip

34986

Country

USA

7. Name and Address of Current Registered Agent

Name

ROBERTA Mueller

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

7428 Laurels Place

Suite, Apt. #, Etc.

City

Altitude

State

FL

Zip Code

34986

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

ROBERTA Mueller

REGISTERED AGENT MUST SIGN

Date

4-7-2020

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 |
|------------------|--------------------------------------|---|---------------------------|
| <i>Pres (A)</i> | <i>ROBERTA Mueller</i> | <i>7428 Laurels Place</i> | <i>Altitude FLA 34986</i> |
| <i>Vpres (V)</i> | <i>ROBERT Mueller</i> | <i>7428 Laurels Place</i> | <i>Altitude FLA 34986</i> |
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10. E-mail Address: *robertamueller@comcast.net*

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

ROBERTA Mueller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTA Mueller

Date

4-7-2020

Daytime Phone #

706388149

20 JUN 15 AM 8:51

04/28/20--01021--024--**1085.00

100843923801
04/28/20--01021--024--**1085.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10-31-2007

5. FEI Number

261377510

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status