

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB 21 AM 5:50

DOCUMENT # P08000021235

1. Corporation Name

Sly Holdings, Inc.

REINSTATEMENT 09-12

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

12324 Kirby Smith Road

Suite, Apt. #, etc.

3. Mailing Office Address

627 W. St. Clair Avenue

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Cleveland, Ohio

Zip

32832-6115

Country

USA

Zip

44113-1204

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 2/27/2008

5. FEI Number

☒ 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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

700222575577
02/21/12--01006--025 **1200.00

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

Renee Cruz

Renee Cruz, Asst. Secretary

Date

2-17-12

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
P, S, T	Robert W. Sly	12324 Kirby Smith Road	Orlando, Florida 32832-6115

FEB 21 2012

10. E-mail Address: rcm1814@aol.com

(To be used for future annual report notification)

D. BUTLER

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:

Robert W. Sly

Robert W. Sly

2-16-12

(330) 677-1343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #