PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 15 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000058574

1. Corporation Name

SYANI, INC.

REINSTATEMENT 2009

700163184237
11-30-09 01047 007 $211.25

CR2E061 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2731 Executive Park Drive	8335 Sunset Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ste 4	
City & State	City & State
Weston, FL	Los Angeles, CA
Zip / Country	Zip / Country
33331 / U.S.A.	90069 / U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: 06/16/2008

5. FEI Number: 80-0201462 ☐ 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: NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 2731 EXECUTIVE PARK DRIVE

Suite, Apt. #, Etc.: STE 4

City: WESTON | State: FL | Zip Code: 33331

☑ 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.

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 _____
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
CEO	SYESHA MERCADO	8335 SUNSET BLVD.	LOS ANGELES, CA 90069
			JC 12/15

10. E-mail Address: tina@m3management.us
(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: _____ SYESHA MERCADO 12/15/09 323-337-9055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #