

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 NOV -6 PM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO9000078126**

1. Corporation Name

SYG Enterprises Inc.

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

20 Staffern Drive

Suite, Apt. #, etc.

Unit 10

City & State

Concord, Ontario

Zip

L4K 2Z7

Country

Canada

3. Mailing Office Address

20 Staffern Drive

Suite, Apt. #, etc.

Unit 10

City & State

Concord, Ontario

Zip

L4K 2Z7

Country

Canada

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

September 18, 2009

5. FEI Number

421769056

☐ 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

Nicholas T Davis, PA

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

9205 Rockrose Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33647

REINSTATEMENT

100241559121
11/06/12--01013--001 **\$600.00

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

[Signature]

Date

11/2/12

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	Tomer Rotem	20 Staffern Drive, Unit 10	Concord, ON, CA L4K 2Z7

10. E-mail Address: **rotem@rogers.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., 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:

[Signature]

November 1, 2012 647.996.8331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Williams NOV - 6 2012