

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

98 MAR -9 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94000054333

1. Corporation Name

STYRIC FLORIDA, INC

Principal Place of Business

2300 CORAL WAY
MIAMI FLORIDA 33145

Mailing Address

2300 CORAL WAY
MIAMI FLORIDA 33145

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
2300 CORAL WAY

3. New Mailing Address, If Applicable
2300 CORAL WAY

4. Date Incorporated or Qualified
To Do Business in Florida

7 -22 -1994

Suite, Apt. #, etc.
SUITE # 200

Suite, Apt. #, etc.
SUITE # 200

5. FEI Number

65 - 0592432

Applied For

Not Applicable

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip Country
33145 US.

Zip Country
33145 US

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/S/T/D/	ROSALES ANTONIO	701 BRICKELL AVENUE STE.1600	MIAMI FLORIDA 33131

500002452505--2
-03/10/98--01063--017
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
FLORIDA ANNUAL REPORT SERVICES INC.

Street Address (P.O. Box Number is Not Acceptable)
2300 CORAL WAY

Suite, Apt. #, Etc.
SUITE # 200

City
MIAMI

State Zip Code
FL 33145

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/27/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

Antonio Rosales, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/27/98 Daytime Phone #

CH204 (12/95)