1/05

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 DEC 10 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000054333

1. Corporation Name
Styric Florida, Inc.

8855 Collins Avenue
8855 Collins Avenue

REINSTATEMENT 0204

2. Principal Office Address	3. Mailing Office Address
8855 Collins Avenue	8855 Collins Avenue
Suite, Apt. #, etc. 10J	Suite, Apt. #, etc. 10J
City & State Surfside, FL	City & State Surfside, FL
Zip 33154 Country USA	Zip 33154 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0592432 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 103 North Meridian Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Asst. Sec. Date: 12.10.04
REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

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
PSTD	Rosales, Antonio	8855 Collins Ave., 10J	Surfside, FL 33154
VP	Ugarte de Rosales, Fabiola	8855 Collins Ave., 10J	Surfside, FL 33154

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: [signature] ANTONIO ROSALES, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2052

Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

0150.32695

CORPORATION REINSTATEMENT

STYRIC FLORIDA, INC.

Certificate of Status	1
Certified Copy	~~0~~ 1
Page Count	02
Estimated Charge	~~$1,058.75~~

1,058.75

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Friday, December 10, 2004 11:02:00 AM