

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB -9 PH 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000054333

1. Corporation Name

Styric Florida Inc

300088710569

02/19/07--01020--009 **450.00

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

8855 Collins Ave

Suite, Apt. #, etc.

10-J

City & State

Surfside FL

Zip

33154

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

33154

Country

USA

REINSTATEMENT 05-07

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/1994

5. FEI Number

65-0592432

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

Antonio Rosales

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

8855 Collins Ave

Suite, Apt. #, Etc.

10-J

City

Surfside

State

FL

Zip Code

33154

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 02/07/07

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	Antonio Rosales	8855 Collins Ave 10-J	Surfside FL 33154
VP	Fabiola Ugarte de Rosales	8855 Collins Ave 10-J	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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/07

Date

786 515-4598

Daytime Phone #

**DIVISION OF CORPORATIONS
ANNUAL REPORT OR REINSTATEMENT
STYRIC FLORIDA INC
DOC # P94000054333
EIN # 65-0592432**

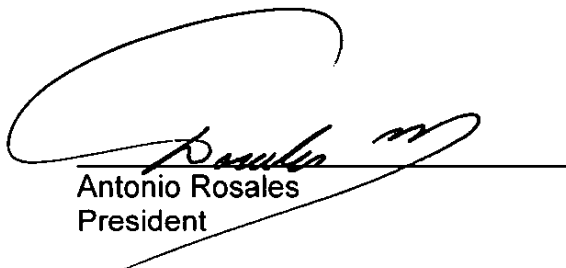
February 7, 2007

**To: FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE**

I am writing this letter to explain the reason why I did not file the annual report,
Year 2005, 2006, 2007 I never received the annual report form or card required for the
Renewal I am sending \$ 450.00 dollars for those years to activate my corporation.
And avoid any penalties.

If you have any question does not hesitate to contact me (786) 515-4598

Sincerely,



Antonio Rosales
President