

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000054333

1. Corporation Name

STYRIC FLORIDA, INC.

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

8855 COLLINS AVE

Suite, Apt. #, etc.

APT 10-J

City & State

SURFSIDE, FL

Zip

33154

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

7/22/1994

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

PEDRO P. SAEZ

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

777 BRICKELL AVENUE

Suite, Apt. #, Etc.

SUITE 1110

City

MIAMI

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date **JULY 13, 2010**

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/D	ROSALES, ANTONIO	8855 COLLINS AVE., APT. 10-J	SURFSIDE, FL 33154
S/T	ROSALES, ANTONIO	8855 COLLINS AVE., APT. 10-J	SURFSIDE, FL 33154
V	UGARTE DE ROSALES, FABIOLA	8855 COLLINS AVE., APT. 10-J	SURFSIDE, FL 33154

10. E-mail Address: **PSAEZ@SAEZLAW.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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 14, 2010 305-358-0028

Date

Daytime Phone #

FILED

2010 JUL 16 P 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

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