

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 12 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071766

1. Corporation Name

A.C. Sylvain Enterprises, Inc.

Principal Place of Business

Mailing Address

P.O. Box 26443
Tamarae, FL 33320

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

2. New Principal Office Address, if Applicable

P.O. Box 26151

3. New Mailing Office Address, if Applicable

P.O. Box 26151

4. Date Incorporated or Qualified
To Do Business in Florida

1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0552096

Applied For

Not Applicable

City & State

Tamarae, FL

City & State

Tamarae, FL

Zip

33320-9998

Country

USA

Zip

33320-9998

Country

USA

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

P/P

Alfred C. Sylvain

12 Flanders Lane

Corland Manor, NY
10566

800003103918--5

-01/20/00--01026--004

****900.00 ****900.00

REINSTATEMENT 98-94 TS

8. Name and Address of Current Registered Agent

Lisa L. Daniels
4300 W. University Drive
Suite B-200
Fort Lauderdale, FL 33351

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Lisa L. Daniels

REGISTERED AGENT MUST SIGN

Date 12/21/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

A.C. Sylvain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/99

Date

Daytime Phone #

CR2E081 (12/98)