

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

98 FEB 19 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000000686**

1. Corporation Name
SUNYCORP, INC

Principal Place of Business
**570 E 49 ST
HIALEAH FL 33013**

Mailing Address
**570 E 49 ST
HIALEAH FL 33013**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



REINSTATEMENT 97-98

4. Date Incorporated or Qualified To Do Business in Florida	01/04/1995
5. FEI Number	NOT APPLICABLE
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SUNYOVSZKI, ALLAN	4550 SW 71 AVE	MIAMI FL 33155
D	SUNYOVSZKI, DOGLA	4550 SW 71 AVE	MIAMI FL 33155

2/20/98

200002439382--7
-02/24/98--01070--010
***900.00 ***900.00

8. Name and Address of Current Registered Agent

**SUNYOVSZKI, ALLAN
570 E 49 ST
HIALEAH FL 33013**

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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 *[Signature]* Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: *[Signature]* 1/8/98 (305) 688-1716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)