

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN 20 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000058961

1. Corporation Name

Sylvan & Sons, Inc.

2. Principal Office Address

17714 SIMMS RD

Suite, Apt. #, etc.

City & State

ODESSA FL

Zip

33556

Country

HILLS.

3. Mailing Office Address

17714 SIMMS RD

Suite, Apt. #, etc.

City & State

ODESSA FL

Zip

33556

Country

HILLS.

2001-2002 UBR

4. Date Incorporated or Qualified  
To Do Business in Florida

7/28/95

5. FEI Number

59-3325107

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

LINDA MARTUCH

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

17714 SIMMS RD

Suite, Apt. #, Etc.

ODESSA FL 33556

City

State

FL

Zip Code

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

Linda Martuch

REGISTERED AGENT MUST SIGN

Date 6/21/02

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
PRES.	LINDA MARTUCH	17714 SIMMS RD	ODESSA FL 33556

300007108603-4  
-08/14/02--01045--010  
\*\*\*\*300.00 \*\*\*\*300.00

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:

Linda Martuch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/02

Date

813-

920-5241

Daytime Phone #

CR2E081 (9/01)

2052

# Sylvan & Sons

*Distinctive Collars for Distinctive Pets*


17714 Simms Rd Odessa FL 33556 (813) 920-5241 FAX (813) 920-6425  
email:sylvan@pobox.com \* www.sylvans.net

Florida Department of State  
Division of Corporations/Reinstatement  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I did not file my renewal in 2001, because I didn't receive a renewal notice. We realized the error while preparing our tax return for 2001. Please waive the reinstatement fees and penalties. I have included a check for \$300.00 for 2001 and 2002 filing fees as instructed by your exam officer.

Thank you,



Linda Martuch, Pres.  
Sylvan & Sons Inc.  
17714 Simms Rd  
Odessa FL 33556

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