

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000092138

1. Corporation Name

MY-CY CORP.

Principal Place of Business

1600 S.E. 17TH STREET
SUITE 404
FORT LAUDERDALE FL 33316

Mailing Address

~~3400 S. OCEAN BLVD
#B-31
PALM BEACH FL 33480~~

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

2. New Principal Office Address, ~~XXXXXXX~~

3400 So. Ocean Blvd.

Suite, Apt. #, etc.
#B-31

City & State

Palm Beach, Florida

Zip
33480

Country
USA

3. New Mailing Office Address, If Applicable

6031 Leesburg Pike

Suite, Apt. #, etc.
P.O. Box 1040

City & State

Baileys Crossroads, VA

Zip
22041

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/1996

5. FEI Number

65-0706872

Applied For

Not Applicable

6. 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)

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	KATZEN, CYRUS	3400 S. OCEAN BLVD B-31	PALM BEACH FL 33480
D	BRUNNER, JOHN ROBERT	6031 LEESBURG PIKE	BAILEYS CROSSROADS VA 22041
D	KATZEN, J.E.	6031 LEESBURG PIKE	BAILEYS CROSSROADS VA 22041

REINSTATEMENT '98
11-30-98 SCC

8. Name and Address of Current Registered Agent

HAYES, WARREN D SR
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

788002785297-9

-12/07/98-01160-018

****750.00 ****750.00

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

Warren D Hayes
REGISTERED AGENT MUST SIGN

Date 11-23-98

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)(l), 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:

Cyrus Katzen
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CYRUS KATZEN, DIRECTOR

11/14/98 815828793
Date Daytime Phone #

CR2E040 (9/98)