

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 26 PM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000092138

1. Corporation Name

MY-CY CORP.

REINSTATEMENT 1999

Principal Place of Business

Mailing Address

3400 SO. OCEAN BLVD.
SUITE #B-31
PALM BEACH FL 33480

6031 LEESBURG PIKE
P.O. BOX 1040 (C/O ROBERT L. BECKMANN.CPA)
BAILEYS CROSSROADS VA 22041

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0706872

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 A fee of \$8.75 is 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	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

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11/12/99 01098-015

***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

Warren D Hayes
REGISTERED AGENT MUST SIGN

Date 10-21-99

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 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:

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

10/15/99 703-578-4000

Date

Daytime Phone #