

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500008535345
10/25/02--01076--014 **150.00

DOCUMENT # P96000092138

1. Corporation Name

MY-CY CORP.

Principal Place of Business

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

Mailing Address

6031 LEESBURG PIKE
P.O. BOX 1040
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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	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
D	STRUPP, ROBERT J	6031 LEESBURG PIKE	BAILEYS CROSSROADS VA 22041
D	MYRTLE S KATZEN	3400 S. OCEAN BLVD B31	PALM BEACH FL 33480

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

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

Signature of Warren D Hayes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 22 2002 703 578 4000

CR2E040 (8/02)

MY-CY CORP
6031 Leesburg Pike
P. O. Box 1040
Bailey's Crossroads, VA 22041

October 22, 2002

Florida Department of State
Mr. Jim Smith
Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Corporation Name: My-Cy Corp.
Document Number: P96000092138

Dear Sir or Madam:


Please be advised that we did not receive the prior uniform business reports (UBR) notices. Please reinstate the Corporation.

Enclosed is a check for the \$150 fee required.

Thank you for your attention to this matter.

Sincerely,

MY-CY CORP.


Cyrus Katzen
President

CK/jol
Enclosures