

2009 Corp Annual Report

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAR -1 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000096599

1. Corporation Name

Sydney Marie Inc.

500168620005
03/02/10--01040--013 **150.00

500168620005
02/12/10--01024--008 **150.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
10435 - 136CR West

3. Mailing Office Address
PO Box 4781

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Live Oak FL

City & State
Dowling Park FL

Zip Country
32060 Suwannee

Zip Country
32064 Suwannee

4. Date Incorporated or Qualified
To Do Business in Florida 1997

5. FEI Number 36-4118899 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
Chelle Nickerson
Street Address (P.O. Box Number is Not Acceptable)
10439 CR136 West
Suite, Apt. #, Etc.
City State Zip Code
Live Oak FL 32060

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Chelle M. Nickerson

Date 2/10/2010

REGISTERED AGENT MUST SIGN

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
P	W. C. Nickerson	10439 - CR136 West	Live Oak, FL 32060
VP	Kirby D. Nickerson	106 Twigg Court	Stephens City, VA 22655
D/M	Debra F. Nickerson	1042 Wheaton Oaks	Wheaton, IL 60187
S	Chelle M. Nickerson	10439 - CR236 West	Live Oak, FL 32060
REINSTATEMENT RH			

10. E-mail Address: bcnick@windstream.net

(To be used for future annual report notification)

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. I further certify, 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: Chelle M. Nickerson Chelle M. Nickerson 2/10/2010 386-658-3347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #