

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
REINSTATEMENT

DOCUMENT # P97000070820

1. Corporation Name

SABRYN, INC.

Principal Place of Business

Mailing Address

2520 S MIAMI RD
FORT LAUDERDALE FL 33316
US

~~2520 S MIAMI ROAD~~
~~FORT LAUDERDALE FL 33316~~

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

100 SE 2nd St

STE 3400

MIAMI, FL

33131

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/1997

5. FEI Number

65-0777104

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ZIPRIS, STEPHEN A	1000 RIVER REACH DR #222	FT LAUDERDALE FL 33315
VD	ECKERT, BRIAN	2815 NE 60TH ST	FT LAUDERDALE FL 33308
SD	ECKERT, NANCY D	2815 NE 60TH ST	FT LAUDERDALE FL 33308
VD	Eckert, Brian	555 Church St., Apt 1105	Nashville, TN 37219
SD	Eckert, Nancy D	555 Church St., Apt 1105	Nashville, TN 37219
			000003533890-4 -01/11/01--01108--014 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

FINEBERG, JUSTIN C
100 S.E. 2ND STREET, SUITE 3400
MIAMI FL 33131

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 12/27/00

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.

KE

SIGNATURE:

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen A. Zipris, President

Date

Daytime Phone #

12/20/00

954-467-7483

CR2E040 (8/00)

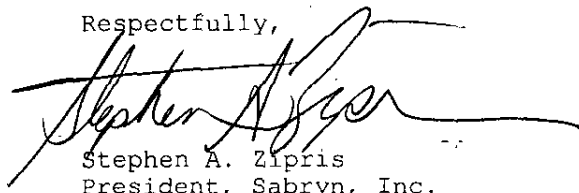
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To whom it may concern,

On behalf of Sabryn, Inc. I hereby request a waiver of the reinstatement fee for the corporation, due to having never received renewal notices. The corporation no longer does business, as of September 1999. The forwarding address has changed on more than one occasion and we have reason to believe that numerous articles of mail have never been received. In addition, due to the fact the corporation is no longer generating revenues, the reinstatement fee would be a financial hardship.

Thank you for your time and consideration.

Respectfully,

A handwritten signature in black ink, appearing to read "Stephen A. Zipris", with a long horizontal flourish extending to the right.

Stephen A. Zipris
President, Sabryn, Inc.