

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 22 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000103610

1. Corporation Name

SYLVIA MCKENZIE, INC.

Principal Place of Business

Mailing Address

895 SO. GULFVIEW BLVD., #301
CLEARWATER BEACH FL 33767

895 SO. GULFVIEW BLVD., #301
CLEARWATER BEACH FL 33767

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

12/11/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3552744

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	MCKENZIE, SYLVIA	895 SO. GULFVIEW BLVD., #301	CLEARWATER BEACH FL 33767

700004685787--9
11/16/01--01080--003
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOFSTRA, PETER T
8640 SEMINOLE BLVD.
SEMINOLE FL 33772

Name

SYLVIA MCKENZIE

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

895 S. GULFVIEW BLVD # 301

Suite, Apt. #, Etc.

City

CLEARWATER BEACH

State

FL

Zip Code

33767

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

SYLVIA MCKENZIE

REGISTERED AGENT MUST SIGN

Date

10/19/01

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:

SYLVIA MCKENZIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/01

727-443-0032

Daytime Phone #

2052

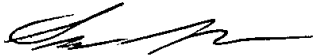
Sylvia McKenzie, Inc
895 SGulfview Blvd. #301
Clearwater Beach, Florida 33767

October 19, 2001

To Whom it May Concern,

Please be informed that I did not receive any information or notices regarding my corporation for the year 2001. I never ignore my mail and have never missed a payment before. Please accept my payment of \$150.00

Many Thanks,



Sylvia McKenzie