

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

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.**

*SM*

Principal Place of Business Mailing Address  
 895 SO. GULFVIEW BLVD., #301 895 SO. GULFVIEW BLVD., #301  
 CLEARWATER BEACH FL 33767 CLEARWATER BEACH FL 33767



2001 UBR

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/11/1998	
City & State		City & State		5. FEI Number	
Zip		Country		59-3552744	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	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	Zip Code
		FL	33767

CR2E040 (8/01)

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* Date 10/19/01  
 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: *SYLVIA MCKENZIE* Date 10/19/01 Daytime Phone # 727-443-0032  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 of 2


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

