

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000019065

1. Corporation Name

SYA PRESS AND RESEARCH FOUNDATION, INC.

2. Principal Office Address

17180 GRAND BAY DR

Suite, Apt. #, etc.

3. Mailing Office Address

17180 GRAND BAY DR

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33496

Country

USA

City & State

BOCA RATON, FL

Zip

33496

Country

USA

FILED

02 AUG 14 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****900.00 ****900.00

REINSTATEMENT

01-02

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

02/26/99

5. FEI Number

65-0908226

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

STEWART EIDELSON

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

17180 GRAND BAY DR

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33496

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

REGISTERED AGENT MUST SIGN

Date

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
D	EIDELSON, STEWART	17180 GRAND BAY DR	BOCA RATON, FL 33496

10. 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:

STEWART EIDELSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #