

2003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN 14 AM 8:00

DOCUMENT # P99000019065

## 1. Corporation Name

SYA Press and Research  
Foundation, Inc.400028407894  
02/09/04--01036--011 \*\*61.25**REINSTATEMENT 03-04**  
MRS

## 2. Principal Office Address

2498 Spanish River Rd  
Suite, Apt. #, etc.

## 3. Mailing Office Address

2498 Spanish River Rd  
Suite, Apt. #, etc.

## City &amp; State

Boca Raton, FL

Zip Country  
33486 USA

## City &amp; State

Boca Raton, FL

Zip Country  
33486 USA4. Date Incorporated or Qualified  
To Do Business in Florida

2/26/1999

## 5. FEI Number

650908226

## 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

Dr. Stewart Edelson

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

2498 Spanish River Road

## Suite, Apt. #, Etc.

## City

Boca Raton

State  
FL

## Zip Code

33432

## 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

Date

1/13/04

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
D	Dr. Stewart Edelson	2498 Spanish River Rd	Boca Raton, FL 33486

400028407894  
06/21/04--01053--001 \*\*238.75

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Stewart Edelson 1/13/04 564-447-6788

Date

Daytime Phone #



**SYA Press and Research, Inc.**  
"Better Care Through Education and Community Service"

Stewart G. Eidelson, Medical Director

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January 13, 2004

Department of State  
Division of Corporations  
Corporate Filings  
PO Box 6327  
Tallahassee, FL 32314

**RE: SYA Press and Research Foundation, Inc. (Doc. # P99000019065)**

To Whom It May Concern:

Please be advised that due to a change in the corporate mailing address, SYA Press and Research failed to receive the notice of annual report filing for 2003.

Attached are the reinstatement form and a check for reinstatement.

Thank you for your assistance with this matter. If you require any further information, please contact my assistant, Beth Fleming at 561-447-6788.

Sincerely,

  
Stewart G. Eidelson, M.D.

SGE/bf

attachments