

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

00 OCT 18 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000038601**

1. Corporation Name

**CINCYCO, INC.**

Principal Place of Business

10374 W. SAMPLE ROAD  
CORAL SPRINGS FL 33065

Mailing Address

10374 W. SAMPLE ROAD  
CORAL SPRINGS FL 33065

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/28/1999

5. FEI Number

59-3583105

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSDT	DOMBAR, JASON E	10374 W. SAMPLE ROAD	CORAL SPRINGS FL 33065
D	HOLD, WILLIAM	2924-A BATTLEGROUND AVE.	GREENSBORO NC 27408
D	NAMMARI, FUAL AL	11023 MONTGOMERY ROAD	CINCINNATI OH 45249

REINSTATEMENT 2000

400003447424--3  
-11/01/00--01084--023  
\*\*\*\*250.00 \*\*\*\*250.00

8. Name and Address of Current Registered Agent

RAUDT, KEVIN A  
1290 WESTON RD. #214  
WESTON FL 33326

9. Name and Address of New Registered Agent

Name

Jason Pombar

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

821 Harbor Inn Dr.

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/13/2000

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/2000

Date

(954) 755-6368

Daytime Phone #