

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000038601

1. Corporation Name

CINCYCO, INC.

FILED

02 NOV -4 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 make 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSDT	DOMBAR, JASON E	10374 W. SAMPLE ROAD	CORAL SPRINGS FL 33065
D	HOLT, WILLIAM HOLT	2024 A BATTLEGROUND AVE 3100 Wake Forest Rd.	GREENSBORO NC 27409 Raleigh, NC 27609
D	NAMMARI, FUAD AL FUAD	11023 MONTGOMERY ROAD	CINCINNATI OH 43249
D	HOLT, WILLIAM	3100 Wake Forest Rd.	Raleigh NC 27609
D	NAMMARI, FUAD AL	11023 Montgomery Rd	Cincinnati, OH 45249

8. Name and Address of Current Registered Agent

DOMBAR, JASON
821 HARBOR INN DR.
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name Dombar, Jason
Street Address (P.O. Box Number is Not Acceptable)
460 Jefferson Dr.
Suite, Apt. #, Etc.
Apt. 304
City Deerfield Beach State FL Zip Code 33442

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/23/02

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
JASON E DOMBAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/02 (954) 755-6368