

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

02 JAN 14 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000051495**

1. Corporation Name

SEND CYCLE, INC

600004797486--4

-01/25/02--01029--021

****450.00 ****450.00

2. Principal Office Address

17 FOREST HILLS LANE

Suite, Apt. #, etc.

3. Mailing Office Address

17 Forest Hills Lane

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Boca Raton, FL

Zip

33431

Country

P.B.

Zip

33431

Country

P.B.

4. Date Incorporated or Qualified
To Do Business in Florida

6/8/99

5. FEI Number

65-0926635

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

MARIANN DUNMIRE

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

17 FOREST HILLS LANE

Suite, Apt. #, Etc.

City

BOCA RATON, FL

State

FL

Zip Code

33431

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

Mariann Dunmire, President

REGISTERED AGENT MUST SIGN

Date **X 1/11/02**

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
PRES	MARIANN DUNMIRE	17 FOREST HILLS LA	BOCA RATON, FL 33431

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:

Mariann Dunmire, President 1/11/02

Date

561-391-9924

Daytime Phone #

CR2E081 (9/01)

**Send Cycle, Inc.
17 Forest Hills Lane
Boca Raton, Fl 33431
561-391-9924**

January 11, 2002

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

Re: Reinstatement of Send Cycle, Inc. Document # P99000051495

Dear Sir or Madam:

Request is made to reinstate and waive the reinstatement fee for the Dissolution of my Corporation for the following reason:

Shortly after this company was filed as a corporation, the accounting firm we were using became difficult to contact. We at first thought they had upscounded with monies we had paid them for services rendered to us. A year or so later, we found out that the accountant had died. Being a single, unmarried person with no office staff, no one knew of his death. We later found out that all of his records, including our Articles of Incorporation had been destroyed.

Subsequent correspondence was not handled properly by anybody.

Any consideration you can give us in this matter will be greatly appreciated.

Respectfully,



Mariann Dunmire
President