

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -4 PM 2:35

DOCUMENT # P99000055510

1. Corporation Name

SYLCAR, INC.

Principal Place of Business

Mailing Address

2610 S.W. 28TH LANE
MIAMI FL 33133

2610 S.W. 28TH LANE
MIAMI FL 33133



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/17/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0914302

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
D	BOHRER, BARRY	2610 S.W. 28TH LANE	MIAMI FL 33133

600004778036-0
-01/16/02--01025--017
***750.00 ***750.00

Bohrer

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DENBERG, MICHAEL B ESQ.
FIELDSTONE LESTER SHEAR & DENBERG
2875 NE 191 STREET, SUITE 802
AVENUTRA FL 33180

Name
Michael B. Denberg Esq.
Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle
Suite, Apt. #, Etc.
601
City
Coral Gables
State
FL
Zip Code
33134

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]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-31-01

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

1/23/01

305-860

Date

Daytime Phone #

CR2E040 (8/01)