

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 31 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000059322**

1. Corporation Name

Sylvia J. Pope, Inc.

2. Principal Office Address

12310 SE 115 Ave.

Suite, Apt. #, etc.

City & State

Bellevue, Fl. 34420

Zip
34420

Country
Marion

3. Mailing Office Address

12310 SE 115 Ave.

Suite, Apt. #, etc.

City & State

Bellevue, Fl. 34420

Zip
34420

Country
Marion

**4. Date Incorporated or Qualified
To Do Business in Florida**

June 28, 1999

5. FEI Number

59-3586361

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

Sylvia J. Pope

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

12310 SE 115 Avenue

Suite, Apt. #, Etc.

City

Bellevue

State

FL

Zip Code

34420

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

Sylvia J. Pope
REGISTERED AGENT MUST SIGN

Date **7/27/06**

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
dp/st	Sylvia J. Pope	12310 SE 115 Ave.	Bellevue, Fl. 34420
vp	David R. Pope, Deceased	12310 SE 115 Ave. Change	Bellevue, Fl. 34420
vp	Sylvia J. Pope	Change to, 12310 SE 115 Ave.	Bellevue, Fl. 34420

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 contained in Chapter 119, 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

Sylvia J. Pope
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/27/06

Daytime Phone #

352-288-1441
352-572-5280

July 27, 2006

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

Dear Sirs,

Please could you wavier any late fees, as I have never received any letters or post cards from your department since prior to 2004. Inclosed is my check for \$450.00.
Thank You.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sylvia J. Pope".

Sylvia J. Pope, 59-3586361
12310 SE 115th Avenue
Bellevue, Florida 34420
Home 352-288-1441
Cell 352-572-5280