

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000064467

1. Corporation Name

SYMBIC ENTERPRISES INC.

Principal Place of Business

179 BRUSHCREEK DR.
SANFORD FL 32771

Mailing Address

PMB 460
478 E. ALTAMONTE DR. SUITE 108
ALTAMONTE SPRINGS FL 32701-4615

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/1999

5. FEI Number

59-3588754

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
PDC	THOMPSON, FRANK L CHESTER, KIETH	179 BRUSHCREEK DR. 424 FELTER AVE	SANFORD FL 32771 HEWLETT, NY 11557
T	THOMPSON, TRACY A CHESTER, KIETH	179 BRUSHCREEK DR. 424 FELTER AVE	SANFORD FL 32771 HEWLETT, NY 11557
D	CHESTER, KIETH	424 FELTER AVE.	HEWLETT NY 11557

REINSTATEMENT 03 TS

8. Name and Address of Current Registered Agent

~~THOMPSON, FRANK L~~ KIETH CHESTER.
179 BRUSHCREEK DR. 478 E. ALTAMONTE DR.
SANFORD FL 32771 108/460
ALTAMONTE SPRINGS, FL
32701

9. Name and Address of New Registered Agent

Name KIETH CHESTER
Street Address (P.O. Box Number is Not Acceptable) ~~(424 FELTER AVE)~~ 778 EAST ALTAMONTE DR.
Suite, Apt. #, Etc. ~~LOUISIANA CIR.~~
City ALTAMONTE SPRINGS HEWLETT LAKE MARY State FL Zip Code 32704

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-25-03

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

10-25-03 (40) 929-6388
Date Daytime Phone #

CR-600 (7/03)