

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 NOV 22 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **p99000078109**

1. Corporation Name

Sylton's Corporation

2. Principal Office Address

4817 N. DIXIE HWY

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33064

Country

Broward

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

same

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/01/1999

5. FEI Number

65-0974694

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

Sylton Metellus

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

211 NE 25th Court

Suite, Apt. #, Etc.

400009150704

11/21/02--01071--006 **450.00

City

Pompano Beach

State

FL

Zip Code

33064

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-18-2002

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
	Just me		
	Proprietor Sylton Metellus	211 NE 25th Court	Pompano Beach, FL 33064

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

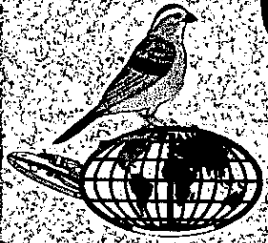
Date

11-18-02 954-421-1104

Daytime Phone #

CR2E081 (9/01)

Sylton's Corp.



4817 N. Dixie Hwy - Pompano Beach, FL 33064
Phone: 954-421-1104 - Fax: 954-421-1106

Attn.: To Reinstatement Division
(Tallahassee)

From: Sylton Metellus

SS# 589-08-9977

Or EIN# 65-09746694

Note

To whom it may Concern:

The above mentioned name did not received the bill
from the Florida Department Division of Corporation.

As I concerned so...

Then I decided to call and got my answers straight up
to my unknowing consciousness..

Please, I can't effort to pay the full amount.

A handwritten signature in cursive script, appearing to read 'Sylton Metellus'.

Sylton Metellus