1682

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 17 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000082095

2000-05 Ri

100060358351
10/07/05--01046--012 **900.00

CR2E081 (8/05)

1. Corporation Name
Cynthia L. MAllory &Associates, Inc

2. Principal Office Address		3. Mailing Office Address	
1095 NE 204 Terrace		1095 NE 204 Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
N/A		N/A	
City & State		City & State	
Miami		FL	
Zip	Country	Zip	Country
33179	USA	33179	Dade

4. Date Incorporated or Qualified To Do Business In Florida: Sept 13, 1999

5. FEI Number: 65-0956403 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for this Certificate of Status

7. Name and Address of Current Registered Agent

Name: Cynthia L. Mallory

Street Address (P.O. Box Number is Not Acceptable): 1095 NE 204 Terrace

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33179

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: Cynthia L Mallory Date: Oct. 6, 2005

REGISTERED AGENT MUST SIGN

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
P	Cynthia L. Mallory	1095 NE 204 Terrace	Miami,FL 33179

10/17

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.

(305)690-9445 (tel)

SIGNATURE: Cynthia L Mallory -- CYNTHIA L. MALLORY - 10-6-05 -

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2002

Cynthia L. Mallory

Fax

To:	Michelle - Division of Corporations	**From:**	Cynthia Mallory- (305) 690-9445 (954) 815-6775 (Direct Line)
Fax:	(850) 245-6017	**Date:**	October 17, 2005
Phone:	(850) 245-6059	**Pages:**	(2) Includes Cover Sheet
Re:	Reinstatement Fees for Cynthia L. Mallory & Associates, Inc.	**CC:**	

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Hi Michelle,

As per our conversation, I am requesting that you please waive the For 2000 reinstatement fee due to the fact that I never received any notices, possibly due to my move.

I thank you in advance!

Best Regards,

Cynthia