

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

05 OCT 17 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000-05 Rev.

100060358351

10/17/05--01046--012 **900.00

CR2E081 (8/05)

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P99000082095</u>					
1. Corporation Name Cynthia L. Mallory & Associates, Inc					
2. Principal Office Address 1095 NE 204 Terrace			3. Mailing Office Address 1095 NE 204 Terrace		
Suite, Apt. #, etc. N/A			Suite, Apt. #, etc. N/A		
City & State Miami			City & State FL		
Zip 33179	Country USA	Zip 33179	Country 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 ☐		§ 675.001, F.S. requires filing of certificate of status if not a corporation or partnership.	

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

REGISTERED AGENT MUST SIGN

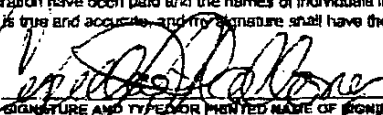
Date

Oct. 6, 2005**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Title	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. 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)(b), 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:

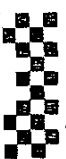
 **CYNTHIA L. MALLORY - 10-6-05-**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 690-9445 (tel)



10/17/05 MON 15:31 FAX 3056909445

Cynthia Mallory

001

2012

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 **CC:**

& Associates, Inc.

☐ **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,