


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 SEP 18 PM 2:07
SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P99000082510

1. Corporation Name

CYNISERE ENTERPRISES, INC.

REINSTATEMENT 04-06
CR2E081 (12/05)

2. Principal Office Address 9565 ORANGE BLOSSOM TRL		3. Mailing Office Address P.O. BOX 622691	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO FLA		City & State ORLANDO FLA	
Zip 32824	Country ORANGE	Zip 32862	Country ORANGE

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-3596763	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name ISAAC L. McCARTY, SR.		
Street Address (P.O. Box Number is Not Acceptable) 219 MINNESOTA WOODS LANE		
Suite, Apt. #, Etc.		
City ORLANDO	State FL	Zip Code 32824

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 Isaac L. McCarty, Sr. Date 9/11/06
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
PRES.	ISAAC L. McCARTY, SR.	219 MINNESOTA WOODS LANE	ORLANDO FLA 32824
V. PRES.	CYNISERE F. McCARTY	"	"
			400080399424 10/08/06--01028--006 **450.00

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: Isaac L. McCarty, Sr. Date 9/11/06 Daytime Phone # 407-484-2048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2952

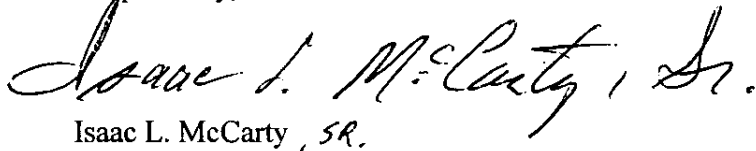
September 5, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

Request consideration be given to waive reinstatement fee for Document Number P99000082510
due to 2004 reinstatement notice not being received.

Respectfully,


Isaac L. McCarty, SR.