

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 NOV 17 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000082510**

1. Corporation Name

CYNSERE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

9565 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

PO BOX 772411
ORLANDO FL 32877

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3596763

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	MCCARTY, ISAAC L	219 MINNESOTA WOODS LANE	ORLANDO FL 32824
VSTD	MCCARTY, CYNSERE F	219 MINNESOTA WOODS LANE	ORLANDO FL 32824

800024329898
10/31/03--01028--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCARTY, ISAAC
219 MINNESOTA WOODS LANE
ORLANDO FL 32824-8684

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Isaac L. McCarty
REGISTERED AGENT MUST SIGN

Date

10/27/03

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:

Isaac L. McCarty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03
Daytime Phone #

CR2E040 (7/03)

10-27-03

TO WHOM CONCERNED,

I DIDN'T RECIEVE THE FORMS ON THE
DATE IT WAS DELIVERED AT THE
POST OFFICE. SOME WAY OR
ANOTHER, IT WAS IN THE WRONG
BOX AND I DIDN'T RECIEVE IT UNTIL
DAYS LATER.

AS SOON I RECIEVED THE FORMS
AT A LATER DATE, I CALLED TO
INFORM THE STATE OF THE PROBLEM.

THANKS FOR CONSIDERATION,

Isaac L. McCarty