

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 OCT -7 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000089944

Corporation Name

ENCYCLO, INC.

Principal Office Address

1236 Rodman Street

Suite, Apt. #, etc.

3. Mailing Office Address

1236 Rodman Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Country

USA

Zip

33019

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/12/99

5. FEI Number

☒ 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

Dennis R. Wood

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

2116 Tyler Street

Suite, Apt. #, Etc.

City

Hollywood

State  
FL

Zip Code

33020

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

*Dennis R. Wood*

REGISTERED AGENT MUST SIGN

Date

10/1/02

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
D	Robert J. Pelletier	1236 Rodman Street	Hollywood, FL 33019

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

9/30/02

Date

(954)

Daytime Phone #