

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 29 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 389626

1. Corporation Name

Sylvanco Realty Corp

2. Principal Office Address

3251 N. Fedl Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

1

Zip

33431

Country

us

Zip

Country

800005972628--3

-06/25/02--01047--018

\*\*\*\*388.75 \*\*\*\*388.75

4. Date Incorporated or Qualified  
To Do Business in Florida

10-24-91

5. FEI Number

650309300

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

Mark Sylvanovich

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

3251 N. Federal Hwy

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

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

*M. Sylvanovich*

REGISTERED AGENT MUST SIGN

Date 5-20-02

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	MARK Sylvanovich	3251 N. Federal Hwy	Boca Raton FLA. 33431
			201.25 - AR
			10.00 - ARATS
			88.75 - ARSUPP
			8.75 - CERT

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.

SIGNATURE:

*M. Sylvanovich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-20-02

Daytime Phone #

561

750 4004

CR2E081 (9/01)