2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000004372

Entity Name: SYRGIS PERFORMANCE INITIATORS INC.

FILED Oct 28, 2008 Secretary of State

y			, ii v O.	
Current Principal Place of Business:			New Principal Place of Business:	
	Y LAIDLEY DE ON, KY 41017			
Current Mailing Address:			New Mailing Address:	
	Y LAIDLEY DF ON, KY 41017			
FEI Number:	: 26-0664105	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 33324	ND ROAD		
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
SIGNATU	RE: RICHARI	D L. LINDSAY		
	Electro	nic Signature of Registered Ag	ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CHILDRES, CH) Delete IRISTOPHER F , 28601 CHAGRIN BLVD S#205 DH 44122	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MEANY, RYAN	, 28601 CHAGRIN BLVD S#205	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DP (HARRIS, ANDF 1025 MARY LA COVINGTON, F	IDLEY DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SWEARENGIN	SON SUITE 600	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	ST () Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD L. LINDSAY ST 10/28/2008

LINDSAY, RICHARD L

COVINGTON, KY 41017

1025 MARY LAIDLEY DRIVE

Name:

Address:

City-St-Zip: