

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 15 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000007517**

1. Corporation Name

SYNTEGRAL CONSULTING CORP.

2. Principal Office Address - No P.O. Box #

123 SE 3rd AVE

Suite, Apt. #, etc.

#169

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

100176013691

04/15/10--01041--011 **450.00

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

1/23/2002

5. FEI Number

010587552

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

MICHAEL JOHN

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

123 SE 3rd AVE

Suite, Apt. #, Etc.

#169

City

Miami

State

FL

Zip Code

33131

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Michael John

Date **April 12th 2010**

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
C	MICHAEL JOHN	123 SE 3 rd AVE #169 Miami, FL 33131	Miami FL, 33131
P	Denise Gomes-John	123 SE 3 rd AVE #169	Miami, FL 33131

10. E-mail Address: **denise.gomes@syntegralconsulting.com / gomes.denise.f@gmail.com**
(To be used for future annual report notification)

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, I further certify, 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: *Denise Gomes-John* - Denise Gomes-John

Date **April 12th 2010** Daytime Phone # **888-3981**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR