- PLEASE BEAD	ALLINSTRUCT	IONS BEFORE C	COMPLETING THIS FORM	110
A GTION A	F OF DA DEPA Kathe Secret	ARTMENT OF STATE rine Harris tary of State	l e	IAC
DOCUMENT # 2010000000000000000000000000000000000			99 FEB 12 PM 3:50	
1. Corporation Name TEAM SYNERGY				
DEVELOPMENT + MARKETING COIPDIATION			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3956 TOWNCENT BOX 151	Mailing Address	SAME		
ORLAND FI	•	and enter parrocken halow		
If above addresses are incorrect in any way, line 2. New Principal Office Address, If Applicable	3. New Mailing Office /		Date Incorporated or Qualified To Do Business in Florida	917
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5 EEI Number 593484142-	Applied For
City & State Zip Country	City & State	Country	- 6.	Not Applicable 75 Additional Fee required
7. Names and Street Addresses of Each Officer at	nd/or Director (Florida nonpr	ofit corporations must list at lea		for a Certificate of Status
Name of Officers Street Address of Each				
P Kyril Sresnev	osky 26	Op Clown	OPLANDO F	1.32837
UP EDWARD R G	DUNE 10	PAYSULVOCE, H COI TON	SO DE PRINTO 3	289¹
		WELLOW H		
			800002776 -02/17/391 *****300.00	32582 01066004 ****300.00
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent				
AGC. CO Name KYRIL SRESNEWSKY				
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite. Apt. #, Etc.				
SUITE 2300 ORLANDO STATE ZIDE ST				
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.				
Registered Agent Date Date Date				
1. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No				
12. 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: EDUARDR GON'E JULIANS VP. 407-374-5957 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR Date Dayture Phone #				



February 1, 1999

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Sirs:

Enclosed is our application for reinstatement plus the \$150.00 fee for 1998 and 1999. We hope and pray that you will waive the reinstatement fee, as we never received any notice of any annual reports due. We also checked with our registered agent who also indicated that he did not receive the annual report forms. By checking back to our mailing address, the owner of that postal box business does admit that he had difficulty hiring people who understand his business and that may be the source of the problem. That loose end has been corrected.

Your assistance is indeed appreciated,

Kyril Sresnewky, President

Edward R. Gonye, Vice President