

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

99 FEB 12 PM 3:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # PA-10000081898

1. Corporation Name **TEAM SYNERGY**
DEVELOPMENT + MARKETING CORPORATION

Principal Place of Business Mailing Address
3956 TOWNCENTER BLVD SAME
BOX 151
ORLANDO FL. 32837

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **1997**

5. FEI Number **593484142-**
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	KYRIL SRESNEWSKY	2606 CLARINET	Orlando FL. 32837
VP	EDWARD R GONYE	10,500 VINEYARD DR APT 102 #	Orlando Florida 32821

800002778258--2
 -02/17/99--01066--004
 ****300.00 ****300.00

8. Name and Address of Current Registered Agent
A G C. CO
200 SOUTH ORANGE AVE
SUITE 2300
ORLANDO FL. 32802

9. Name and Address of New Registered Agent
 Name **KYRIL SRESNEWSKY**
 Street Address (P.O. Box Number is Not Acceptable) **2606 CLARINET DR.**
 Suite, Apt. #, Etc.
 City **ORLANDO** State **FL** Zip Code **32837**

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.
 Signature of Registered Agent **[Signature]** REGISTERED AGENT MUST SIGN Date **2-1-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See Schedule for information on Intangible Tax)

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: **EDWARD R GONYE** **[Signature]** V.P. **2/1/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **407-354-5957**

CR2E081 (12/98)

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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,

A handwritten signature in black ink, appearing to read "Kyril Sresnewky".

Kyril Sresnewky, President

A handwritten signature in black ink, appearing to read "Edward R. Gonye".

Edward R. Gonye, Vice President

A DEVELOPMENT AND MARKETING CORPORATION

407/352-5277 * Fax 407/240-3104 * e-mail: kyril@magicnet.net * 7380 Sand Lake Rd Suite 500 - Orlando, FL 32819