

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

02 JUN 27 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

THE SYNTHESIS GROUP, INC.

L 60880

2. Principal Office Address

2600 Pass-A-Grille Way

Suite, Apt. #, etc.

3. Mailing Office Address

2600 Pass-A-Grille Way

Suite, Apt. #, etc.

City & State

Florida

St. Petersburg Beach

City & State

Florida

St. Petersburg Beach

Zip

33706

Country

USA

Zip

33706

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/23/1990

5. FEI Number

59-3003292

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

D & B Corporate Services, Inc.

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

5999 Central Avenue

Suite, Apt. #, Etc.

Suite 202

City

St. Petersburg

State

FL

Zip Code

33710

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

D & B Corporate Services, Inc.

By: *Scott Brainard* C. Scott Brainard, VP

Date 6/20/02

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
DP	James M. Novo	2600 Pass-A-Grille Way	St. Petersburg Beach, Florida 33706

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: *James M. Novo* James M. Novo, Pres. 6/20/02 727-360-2837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

**REINSTATEMENT** 96-02

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