

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 11 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02



000009466650

12/11/02--01024--021 \*\*758.75

DOCUMENT # P01000064729

1. Corporation Name

XYNERGIA, INC.

Principal Place of Business

5201 BLUE LAGOON DRIVE, SUITE 882  
MIAMI FL 33126

Mailing Address

5201 BLUE LAGOON DRIVE, SUITE 882  
MIAMI FL 33126

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

2. New Principal Office Address, If Applicable

7065 NW 52<sup>nd</sup> STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip  
33166

Country

U.S.

3. New Mailing Office Address, If Applicable

8860 SW 123 COURT

Suite, Apt. #, etc.

K-201

City & State

MIAMI, FL

Zip

33166

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/28/2001

5. FEI Number

65-1118712

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ESCOBAR, LUIS HERNANDO	5201 BLUE LAGOON DRIVE	MIAMI FL 33126
D	VINUEZA, MARIA	5201 BLUE LAGOON DRIVE	MIAMI FL 33126
D	CORREA, WILSON EDUARDO	5201 BLUE LAGOON DRIVE	MIAMI FL 33126
D	GOMEZ, JUAN MARTIN	5201 BLUE LAGOON DRIVE	MIAMI FL 33126
D	BENITEZ, JOHANNA	5201 BLUE LAGOON DRIVE	MIAMI FL 33126

8. Name and Address of Current Registered Agent

CORREA, WILSON E  
10015 NW 46TH STREET, #201  
MIAMI FL 33178

9. Name and Address of New Registered Agent

Name: CORREA, WILSON E

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

7065 NW 52<sup>nd</sup> STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-5-02

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 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:

SIGNATURE REQUIRED  
JUAN GOMEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/10/02 305-776-8749

Daytime Phone #

CR2E040 (8/02)