

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JUL 11 PM 4:18

DOCUMENT # F03000004520

1. Corporation Name
Synerfac, Inc.

2. Principal Office Address

2 Read's Way

Suite, Apt. #, etc.

Suite 209

City & State

New Castle, DE

Zip

19720

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/2003

5. FEI Number

51-0302216

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐
☒ I am not a corporation or other entity
☐ I am a corporation or other entity

REINSTATEMENT 05-06

7. Name and Address of Current Registered Agent

Name
CT Corporation SystemStreet Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
PlantationState
FLZip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0606 or 817.0603, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 7/10/06

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	William T Lafferty	47 Clouds Way	Hockessin, DE 19707

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 807 or 817, 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 807.0401 or 817.0401, 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(2)(D), F.S. The information furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Florida Department of State
Division of Corporations
Public Access System**

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000177395 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

SYNERFAC, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

Electronic Filing Menu

Corporate Filing Menu

Help