

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F06000000267 1. Entity Name SYNERGY GROUP SE, INC.						FILED 07 SEP 19 AM 9:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 2466 SAND LAKE ROAD ORLANDO, FL 32809				Mailing Address 394 WOODWARD AVENUE, SUITE 190 BLOOMFIELD HILLS, MI 48304				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 39400 Woodward Avenue		 REINSTATEMENT 09182001 REINPL 1 CR2199 (1/07) 07				
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 190						
City & State		City & State Bloomfield Hills, MI 48304						
Zip	Country	Zip	Country					
4. FEI Number 38-3324604				Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent GUIDICE, GERARD 2466 SAND LAKE ROAD ORLANDO, FL 32809				7. Name and Address of New Registered Agent Name Ennio Petrella Street Address (P.O. Box Number is Not Acceptable) 2466 Sand Lake Road City Orlando FL Zip Code 32809				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>				Ennio Petrella, Vice President <small>(NOTE: Registered Agent signature required when reinstating)</small>				9-18-07 <small>DATE</small>
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00								
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE C NAME KOJAIA, MIKE <input type="checkbox"/> Delete STREET ADDRESS 39400 WOODWARD AVENUE, SUITE 190 CITY-ST-ZIP BLOOMFIELD HILLS, MI 48304	TITLE C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Kojaian, Mike STREET ADDRESS 39400 Woodward Avenue, Suite 250 CITY-ST-ZIP Bloomfield Hills, MI 48304			700109656907 09/19/07--01040--016 **750.00				
TITLE P NAME VERMEULEN, WILLIAM A <input type="checkbox"/> Delete STREET ADDRESS 39400 WOODWARD AVENUE, SUITE 190 CITY-ST-ZIP BLOOMFIELD HILLS, MI 48304	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE VP NAME PETRELLA, ENNIO <input type="checkbox"/> Delete STREET ADDRESS 39400 WOODWARD AVENUE, SUITE 190 CITY-ST-ZIP BLOOMFIELD HILLS, MI 48304	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE ST NAME KOJAIA, C. MICHAEL <input type="checkbox"/> Delete STREET ADDRESS 39400 WOODWARD AVENUE, SUITE 190 CITY-ST-ZIP BLOOMFIELD HILLS, MI 48304	TITLE ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Kojaian, C. Michael STREET ADDRESS 39400 Woodward Avenue, Suite 250 CITY-ST-ZIP Bloomfield Hills, MI 48304							
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Ennio Petrella, Vice President Date 9-18-07				248-740-7400 Daytime Phone #