

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

02 JAN 14 AM 11:07

DOCUMENT # F96000006247

1. Corporation Name

SYNERGY BUSINESS SERVICES, INC.

2. Principal Office Address

2537 South Gessner Rd

Suite, Apt. #, etc.

228

City & State

Houston, TX

Zip

7063

Country

USA

3. Mailing Office Address

3157 NorUniversity Dr.

Suite, Apt. #, etc.

108

City & State

Hollywood, FL

Zip

33024

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

76-0438286

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

Johnny L. Holland

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

11428 NW 43rd Terrace

Suite, Apt. #, Etc.

City

Miami, FL 33178

State

FL

Zip Code

33178

400004792874--8

01/23/02-01106-005

***150.00 ***150.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date December 28, 2001

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
Pres	Michael J. Maher	2537 S. Gessner #228	Houston, TX 77063
VP	Johnny L. Holland	11428 NW 43rd Ter	Miami, FL 33178

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: Johnny L. Holland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/2001

Date

954-325-9450

Daytime Phone #

CR2001 (9/00)



Johnny L. Holland, FHFMA
Senior Vice President
Phone: 954/450-2202, ext. 202
Pager/Cell Phone: 954/325-9450
Email: JohnnyHolland@Synergy.to

December 28, 2001

Office Of Secretary Of State
Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Greetings:

It has come to our attention that this company's qualification to conduct business within Florida was forfeited due to the lack of filing an annual report.

Due to a move of our offices, we never received the annual filing packet.

Please reinstate this corporation. As instructed by a member of your staff, our fee of \$150 is enclosed.

Sincerely,

Johnny L. Holland, FHFMA
Senior Vice President
Synergy Business Services, Inc.