

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

02 DEC 27 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000005421

Name and Mailing Address

0001559 01 FP 0.352 **PRSRT T5 0 0615 33066-202815
 TOTAL SYNERGY, LLC.
 4115 NW 22ND ST
 COCONUT CREEK FL 33066-2028

700005715917
12/27/02 01047-006 *155.00

2. New Mailing Address

6001 RED PLUM CT

City, State, Zip

TAMARAC, FL 33321

Principal Place of Business

4115 NW 22ND ST
COCONUT CREEK FL 33066

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

04/09/2001

6. FEI Number

65-1084154

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required
for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

YOUNG, SHERYL M
4115 NW 22ND ST
COCONUT CREEK FL 33066

9. Name and Address of New Registered Agent

Name: SHERYL M. YOUNG
Street Address (P.O. Box Number is Not Acceptable)
6001 RED PLUM CT

City

TAMARAC

FL

Zip Code

33321

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent*Sheryl M. Young*

Date 12/23/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	YOUNG, SHERYL M	4115 NW 22ND ST 6001 RED PLUM CT	COCONUT CREEK FL 33066 TAMARAC, FL 33321

*REINSTATEMENT 2002**SB 705*

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager*Sheryl M. Young*

Date

12/23/02

Daytime Phone #

954-720-6647

Typed or printed name of signing Managing Member/Manager