

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000005421

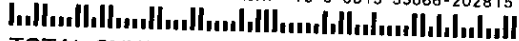
AND
FILED

02 DEC 27 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000005421
Name and Mailing Address

0001559 01 FP 0.352 **PRST T5 0 0615 33066-202815



TOTAL SYNERGY, LLC.
4115 NW 22ND ST
COCONUT CREEK FL 33066-2028

7800009715917
12/27/02-01041-005 **155.00



2. New Mailing Address 6001 RED PLUM CT City, State, Zip: TAMARAC, FL 33321		4. State/Country of Formation FL																																					
Principal Place of Business 4115 NW 22ND ST COCONUT CREEK FL 33066		5. Date Organized or Qualified To Do Business in Florida 04/09/2001																																					
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1084154	Applied For Not Applicable																																				
8. Name and Address of Current Registered Agent YOUNG, SHERYL M 4115 NW 22ND ST COCONUT CREEK FL 33066		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																																					
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: <i>Sheryl M. Young</i> REGISTERED AGENT MUST SIGN Date: 12/23/02																																							
11. Names and Street Addresses of Each Managing Member/Manager <table border="1"> <thead> <tr> <th>Title(s)</th> <th>Name of Managing Members/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>YOUNG, SHERYL M</td> <td>4115 NW 22ND ST 6001 RED PLUM CT</td> <td>COCONUT CREEK FL 33066 TAMARAC, FL 33321</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				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																												
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

12-7-03

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 filing 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

CR2E084 (8/02)