

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000027968

Name and Mailing Address

0017184 01 FP 0.352 **PRSR T3 0 0815 32607

SYNERGY DESIGN BUILD, LLC
5111 S.W. 4TH PLACE
GAINESVILLE FL 32607

FILED

03 OCT 30 AM 8:00

SECRETARY OF STATE
GAINESVILLE, FLORIDA
000024294130
10/30/03--01058--014 **150.00



2. New Mailing Address 104 NW 13th St.		4. State/Country of Formation FL	
City, State, Zip Gainesville, FL 32601		5. Date Organized or Qualified To Do Business in Florida 10/22/2002	
Principal Place of Business 5111 S.W. 4TH PLACE GAINESVILLE FL 32607	3. New Principal Place of Business Address Same as mailing.	6. FEI Number	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent CONROY, MICHAEL A 5119 N.W. 50TH LANE GAINESVILLE FL 32653		9. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Michael A. Conroy REGISTERED AGENT MUST SIGN Date Oct 22, 2003			
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
mgr	Michael Pellett	5111 NW 4th Pl.	Gainesville, FL 32607
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 Michael Pellett REGISTERED Date 10/27/03 Daytime Phone # 3523672535 Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)

REINSTATEMENT 03
Oct