PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

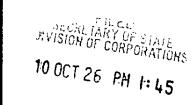
LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L03000028871

1. Limited Liability Company's Name



SINERGY GROUP LLC						700187090257 10/26/10-01002-011 **655.00					
2. Principal Office Address - No P.O. Box # 3. Mailing Off 11904 MIRAMAR PKWY 17913 N			fice Address W 7TH ST				CR2E041 (05/10) 4. State/Country of Formation				
Suite, Apt. #, etc.		Suite, Apt. #, etc. 103				FLORIDA 5. Date Organized or Qualified To Do Business in Florida 08/06/2003					
City & State MIRAMAR, FL		P. PINES, FL				6. FEI Number Applied For 20-0133328 Not Applied For					
33025	Country USA	^{Zip} 33029	9 USA		•		7. CERTIFICATE	CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent											
Name HERNAN A. NADAL						10 /					
Street Address (P.O. Box Number is Not Acceptable) 11904 MIRAMAR PKWY							14/				
Suite, Apt. #, Etc.							\\ \X				
MIRAMAR State Zip Code 33025						•	γ.			J	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and a Signature of						1					
Registered Agent REGISTERED AGENT MUST SIGN						Date 10/22/2010					
10. Names and Street/Addresses of Managing Members/Managers											
Titles A	s Name of Managing Members/Managers			Street Address of Each Managing Member/Manag				er City / State / Zip			
MGRM HER	HERNAN A. NADAL			11904 MIRAMAR				MIRAMAR,	FL	33025	
REINSTATEMEN							T 200	7-2010			
11. E-mail Address: (To be used for future annual report notifications)							ns)				
12. I certify that I am managing membe/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 he 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.									i, F.S., and that		
Signature of Managing Member/Manager Date 10/22							2/2010 Daytime Phone # 786-303-7062				
Typed or printed name of signing Managing/Member/Manager HERNAN A. NADAL										<u></u>	