

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 OCT 26 PM 1:45

700187090257
10/26/10--01002--011 **\$55.00

CR2E041 (05/10)

DOCUMENT # L03000028871

1. Limited Liability Company's Name

SINERGY GROUP LLC

2. Principal Office Address - No P.O. Box #
11904 MIRAMAR PKWY

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33025

Country

USA

3. Mailing Office Address

17913 NW 7TH ST

Suite, Apt. #, etc.

103

City & State

P. PINES, FL

Zip

33029

Country

USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **08/06/2003**

6. FEI Number
20-0133328

☐ Applied For

☐ Not Applicable

7. 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

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

11904 MIRAMAR PKWY

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33025

9. 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

REGISTERED AGENT MUST SIGN

Date **10/22/2010**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HERNAN A. NADAL	11904 MIRAMAR PKWY	MIRAMAR, FL 33025

REINSTATEMENT 2007-2010

11. E-mail Address:

(To be used for future annual report notifications)

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

Date **10/22/2010**

Daytime Phone # **786-303-7062**

Typed or printed name of signing Managing Member/Manager **HERNAN A. NADAL**