L05000115792

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000234505 3)))

H07000234505 3ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

07 SEP 20 AM 10:36

SECRETARY OF STATE
DIVISION OF CORPORATIONS

RECEIVED
07 SEP 20 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

STRUCTURAL SYNERGY, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$205.00

H07000234505 3

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

07 SEP 20 AM 10:36

REINSTATEMENT 06-07

CR2E041 (1/07)

DOCUMENT # L05000115792

1. Limited Liability Company's Name

STRUCTURAL SYNERGY, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
407 LINCOLN ROAD #300	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
300	SAME
City & State	City & State
MIAMI BEACH, FLORIDA	SAME
Zip / County	Zip / Country
33139 / USA	

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 12/05/2005

6. FEI Number: 20-4580682 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED [X]

8. Name and Address of Current Registered Agent

Name: LUIS G. BRITO

Street Address (P.O. Box Number is Not Acceptable): 407 LINCOLN ROAD

Suite, Apt. #, Etc.: 300

City: MIAMI BEACH | State: FL | Zip Code: 33139

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: [signature] Date: 9/20/2007

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BRITO, LUIS G	407 LINCOLN ROAD, # 300	MIAMI BEACH, FL 33139
MGRM	PATEL, KAYUR G	407 LINCOLN ROAD, # 300	MIAMI BEACH, FL 33139
MGRM	THAKOR, SHALISH	407 LINCOLN ROAD, # 300	MIAMI BEACH, FL 33139

11. I certify that I am managing member/manager of this member or initiate 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 608.4066, 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: [signature] Date: 9/20/2007 Daytime Phone # 305 992 6839

Typed or printed name of signing Managing Member/Manager: BRITO LUIS G