LIMITED LIABILITY COMPANY REINSTATEMENT



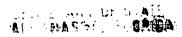
FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # LOGOCOCI40

1. Limited Liability Company's Name Synergy Staffing LLC

15 OCT 13 AM 8: 57



2. Principal Office Address - No P.O. Box# 1970 Laurel Wood Lane		3. Mailing Office Address 3970 Laurel Wood Lane			CR2E041 (1/14) 4. State/Country of Formation		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Date Organized or Qualified 70 Do Business in Florida		
City & State		City & State					
Delray Beach FL		Delray Beach FL		6. FEI Number Applied For Applied For Not Applicable			
Zip Country Zip		Zip	Zip Country				
3445	US	33445		IS	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a certificate of status		
	8. Name and Addr	ess of Current Registere	d Agent		7		
Name Ian Ram	· · · · · · · · · · · · · · · · · · ·						
Street Address (P.0	O. Box Number is Not Acceptable) Wood Lane	Suite,		<u></u>			
Apt. #, Etc			· · · · · · · · · · · · · · · · · · ·		100278057601 10/13/1501001007 **238.75		
City Delray Beach			State FL		10/10/10 01001 001 ****200.10		
9. 1, being app	pointed the registered agent of the	above named limited liabil	lity company	, am familiar with and a	ccept the obligations of	of Chapter 605, F.S.	
Signature of Registered Agent REGISTERED AGENT MUST SIGN					Date		
10. Names and	Street Addresses of Authorized Re			<u>. </u>	<u> </u>		
Titles	Name of Authorized Represental Managers	ives/	Street Address of Each Authorized Representative/ Manager			City / State / Zip	
Owner	Elan Ram			3970 laurel wood Lane		Delray Beach	
	REINST	LATEMI	EN]	7		S. HAWKES OCT 1 4 A.M.	
				-		OCT 1 4 Au	
	001	5				EXAMINER	
						- WANNAEK	
11. E- mail Addr	ress hooyaa18@yahoo	.com					
certify that whe 605.0012, F.S shall have the felony as provi	en filing this reinstatement applic and that all fees owed by the li	ive/ manager or the receivation the reason for dissolimited liability company hader oath. I am aware that f	ver or truste lution has b ave been pa false inform	een eliminated, the lini id. The information inc	ute this application as nited liability company dicated on this applica ocument to the Depan	s provided for in Chapter 605, F.S. I further y name satisfies the requirement of section ation is true and accurate, and my signature them of State constitutes a third degree	