PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
01 AUG -6 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1002

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #** L99000001812

**1.** Limited Liability Company's Name

SYNERGISTIC RESOURCES, L.L.C.

REINSTATEMENT 2000-2001

| **2.** Principal Office Address | | **3.** Mailing Office Address | |
|---|---|---|---|
| 355 HENDERSON COURT | | SAME | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| MARCO ISLAND, FL | | | |
| Zip | Country | Zip | Country |
| 34145 | US | | |

**4.** State/Country of Formation: FLORIDA

**5.** Date Organized or Qualified To Do Business in Florida: MARCH 26, 1999

**6.** FEI Number: [X] 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: THOMAS MURPHY

Street Address (P.O. Box Number is Not Acceptable): 355 HENDERSON COURT

300004518783--7

Suite, Apt. #, Etc.:

| City | State | Zip Code |
|---|---|---|
| MARCO ISLAND, FL | FL | 34145 |

**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: Thomas A. Murphy — Date: 8-1-01

REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

**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 | THOMAS MURPHY | 355 HENDERSON COURT | MARCO ISLAND, FL 34145 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8.1.01

**11.** 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: 8-1-01 Daytime Phone #: 941-394-7811

Typed or printed name of signing Managing Member/Manager: THOMAS MURPHY

Thomas A. Murphy

2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 394234 152759A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 200.00

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ORDER DATE : August 6, 2001

ORDER TIME : 11:08 AM

ORDER NO. : 394234-005

CUSTOMER NO: 152759A

CUSTOMER: Lisa M. Schisler, Legal Asst
John A. Nold, P.a.
995 North Collier Boulevard

Marco Island, FL 34145

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DIVISION OF CORPORATIONS
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DOMESTIC FILINGS

NAME: SYNERGISTIC RESOURCES, L.L.C.

FILE FIRST

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS _____