1002

APPROVED AND FILED

01 AUG -6 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L99000001812

REINSTATEMENT 2000-2001

1. Limited Liability Company's Name

SYNERGISTIC RESOURCES, L.L.C.

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

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: MARCO ISLAND, FL | State: FL | Zip Code: 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
			8.6.01

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: Thomas A. Murphy — Date: 8-1-01 — Daytime Phone #: 941-394-7811

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

2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 394234 152759A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 200.00

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

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 AUG -6 AM 11:02

NOT INTENDED TO ACKNOWLEDGE SUFFICIENCY OF FILING

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 _____