PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 APR -1 AM 7:41

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. **DOCUMENT #**   M02000003508

Name and Mailing Address

0012850 01 AT 0,292 **AUTO   T7 0 0615 33480-559199

SYNFUELS HOLDINGS (MARYLAND), LLC
2875 SOUTH OCEAN BLVD., SUITE 200-29
PALM BEACH FL 33480-5591

2. New Mailing Address		4. State/Country of Formation DE
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/30/2002

Principal Place of Business 2875 SOUTH OCEAN BLVD., SUITE 200-29 PALM BEACH FL 33480	3. New Principal Place of Business Address	6. FEI Number 63-1234133	Applied For
	City, State, Zip		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	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name
	Street Address (P.O. Box 400031589264 04/01/04--01011--007--**200.00
	City FL Zip Code

10. 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 REQUIRED _____ Date 3/12/04
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	AVERETT, JOHN	2875 SOUTH OCEAN BLVD., SUITE 200-29	PALM BEACH FL 33480

REINSTATEMENT 2003-04

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/Manage _____ SIGNATURE REQUIRED _____ Date 2/15/04   Daytime Phone # 305-798-7766

Typed or printed name of signing Managing Member/Manager _____

CR2E084 (7/03)