

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 18 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000022611

1. Corporation Name

SYNERGY HEALTH SOLUTIONS, INC.

Principal Place of Business

Mailing Address

2191 9TH AVENUE NORTH, SUITE 100
ST PETERSBURG FL 33713

~~2191 9TH AVENUE NORTH, SUITE 100~~
~~ST PETERSBURG FL 33713~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/2000

5. FEI Number

59-3635291

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	CORNACCHIONE, MARIO	20023 PINEHURST GREENS DRIVE	EGLINTON FL 33520
W P	FRASER, MALCOLM	500 BRIGHTWATERS BLVD NE	SAINT PETERSBURG FL 33704
P	FRASER, MALCOLM	5000 SANDPIPER LANE S,	ST. PETERSBURG, FL 33711

8. Name and Address of Current Registered Agent

FRASER, MALCOLM DR
2191 9TH AVENUE NORTH
STE-100
SAINT PETERSBURG FL 33713

9. Name and Address of New Registered Agent

Name FRASER, MALCOLM
Street Address (P.O. Box Number is Not Acceptable)
2191 NINTH AVENUE
Suite, Apt. #, Etc. #100
City ST. PETERSBURG
State FL Zip Code 33713

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/24/11

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 510-2785
11/24/11