

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JUN 24 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000057947**

1. Corporation Name

SYNKRONIQUE, INC.

Principal Place of Business

Mailing Address

7027 W. BROWARD BLVD., SUITE 252
PLANTATION FL 33317

7027 W. BROWARD BLVD., SUITE 252
PLANTATION FL 33317

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

\$8.75 Additional Fee required
for a Certificate of Status

Zip Country Zip Country

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	VEGA, EDUARDO D	7027 W. BROWARD BLVD., SUITE 252	PLANTATION FL 33317

0000006165730--0
-07/03/02--01012--003
*****300.00 *****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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)(i), 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:

Eduardo D. VEGA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-02 954-791-6975

Date

Daytime Phone #

CR2E040 (8/01)

SYNKRONIQUE, INC.

7027 W. BROWARD BLVD. # 252 PLANTATION, FL 33317

TO WHOM IT MAY CONCERN,

THIS IS A NEW CORPORATION I HAD NO KNOWLEDGE NOR WAS I GIVEN ANY NOTICE WHEN ACQUIRING CORPORATE STATUS THAT A YEARLY FEE OF \$150.00 WAS DUE TO THE DEPARTMENT OF STATE PLEASE ACCEPT MY APOLOGIES FOR NOT GETTING THIS MONEY IN WHEN DUE, I HAD NO IDEA.

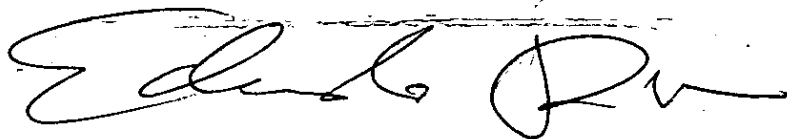
I HAVE ENCLOSED \$300.00 FOR THE YEAR OF 2001 AND 2002.

THANK YOU VERY MUCH,
SINCERELY,



P.S. THE REASON I HAD NO IDEA IS
I DID NOT GET SUCH A UBR
FOR MY BUSINESS.

Thank you,



I EXPLAINED THIS ON THE PHONE. IF ANY
QUESTIONS PLEASE CALL - 954-309-4053.