

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

*FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -9 AM 8:00

DOCUMENT # P00000063262

1. Corporation Name

SYNERGY CAPITAL PARTNERS, INC

2. Principal Office Address

1111 BRICKELL AVE

Suite, Apt. #, etc.

#1200

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Office Address

1111 BRICKELL AVE

Suite, Apt. #, etc.

#1200

City & State

MIAMI, FL

Zip

33131

Country

USA

REINSTATEMENT 02-04

MRS

4. Date Incorporated or Qualified
To Do Business in Florida

6/29/00

5. FEI Number

65-1044763

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HUGO MANTILLA

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

1111 BRICKELL AVE

Suite, Apt. #, Etc.

#1200

City

MIAMI

State

FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 03/04/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HUGO MANTILLA	1111 BRICKELL AVE #1200	MIAMI, FL 33131
D	ERIC NEWMAN	1111 BRICKELL AVE #1200	MIAMI, FL 33131
D	BECKY HAYA	1111 BRICKELL AVE #1200	MIAMI, FL 33131

10. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/04

Date

(305) 982-4445

Daytime Phone #

CR2001 (01/04)

292

Thursday, March 04, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Ref. Synergy Capital Partners
Document# P00000063262

Please accept this letter as our formal request for you to waive the \$600 reinstatement fee for Synergy Capital Partners, Inc.; as the corporation was dissolved because we never got the uniform business report via mail (per our conversation with your department, it was sent back undeliverable by the post office) and therefore did not renew it.

Please find attached the Corporate Reinstatement form along with a check for \$450 to cover the annual report fees and corporate supplemental fees for the three years missing.

Thanks in advance,



Becky Haya
Director
Synergy Capital Partners, Inc
Tel. (305) 982-4445
Fax (646) 885-9688