

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000096649

**FILED**  
**Nov 13, 2008**  
**Secretary of State**

**Entity Name:** SYNERGISTICS - BUSINESS CYCLE MANAGEMENT, INC.

**Current Principal Place of Business:**

180 E BURGESS ROAD  
SUITE G  
PENSACOLA, FL 32503

**New Principal Place of Business:**

180 E BURGESS ROAD  
SUITE G  
PENSACOLA, FL 32503

**Current Mailing Address:**

116 SOUTH BAYLEN STREET  
PENSACOLA, FL 32501

**New Mailing Address:**

180 E BURGESS ROAD  
SUITE G  
PENSACOLA, FL 32503

FEI Number: 59-3687590

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POWELL, JEFFREY A  
116 SOUTH BAYLEN STREET  
PENSACOLA, FL 32501 US

**Name and Address of New Registered Agent:**

POWELL, JEFFREY A  
180 E BURGESS ROAD  
SUITE G  
PENSACOLA, FL 32503 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JEFF POWELL

11/13/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: AGERTON, LAVONNE C  
Address: 116 SOUTH BAYLEN STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete  
Name: POWELL, JEFFREY A  
Address: 116 SOUTH BAYLEN STREET  
City-St-Zip: PENSACOLA, FL 32501

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAVONNE C. AGERTON

D

11/13/2008

Electronic Signature of Signing Officer or Director

Date