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 11 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02

DOCUMENT # P01000064729

1. Corporation Name

XYNERGIA, INC.

Principal Place of Business	Mailing Address
5201 BLUE LAGOON DRIVE. SUITE 882 MIAMI FL 33126	5201 BLUE LAGOON DRIVE. SUITE 882 MIAMI FL 33126

000009486650
12/11/02--01024--021 **758.75

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
7065 NW 52" STREET	8860 SW 123 COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc. K-201
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33166 Country: U.S.	Zip: 33166 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 06/28/2001

5. FEI Number: 65-1118712 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ESCOBAR, LUIS HERNANDO	5201 BLUE LAGOON DRIVE	MIAMI FL 33126
D	VINUEZA, MARIA	5201 BLUE LAGOON DRIVE	MIAMI FL 33126
D	CORREA, WILSON EDUARDO	5201 BLUE LAGOON DRIVE	MIAMI FL 33126
D	GOMEZ, JUAN MARTIN	5201 BLUE LAGOON DRIVE	MIAMI FL 33126
D	BENITEZ, JOHANNA	5201 BLUE LAGOON DRIVE	MIAMI FL 33126

8. Name and Address of Current Registered Agent

CORREA, WILSON E
10015 NW 46TH STREET, #201
MIAMI FL 33178

9. Name and Address of New Registered Agent

Name: CORREA, WILSON E
Street Address (P.O. Box Number is Not Acceptable): 7065 NW 52" STREET
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33166

CR2E040 (8/02)

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 Date: 11-5-02
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: SIGNATURE REQUIRED Juan M. Gomez 12/10/02 305-776-8749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #