

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 14 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000119870*

1. Corporation Name

The Syntero Group, Inc.

2. Principal Office Address

12929 Lower River Blvd.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32828

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

12-19-2001

5. FEI Number

46-0470200

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

Anterro Graham

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

12929 Lower River Blvd.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32828

200026912672

*01/14/04 01023 010 **900.00*

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 *1-12-04*

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 | <i>Sylvia Graham</i> | <i>12929 Lower River Blvd.</i> | <i>Orlando, FL 32828</i> |
| D | <i>Anterro Graham</i> | <i>12929 Lower River Blvd.</i> | <i>Orlando, FL 32828</i> |
| | | | |
| | | | |
| | | | |
| | | | |

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

1-12-04 407-579-2658

Date

Daytime Phone #

CR2E081 (10/02)

8900