

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP 22 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000091573

1. Corporation Name

SYNERGY DESIGN GROUP, INC.

2. Principal Office Address

7984 SW JACK JAMES DR.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

STUART, FL

Zip

34997

Country

MARTIN

4. Date Incorporated or Qualified
To Do Business in Florida

8/22/02

5. FEI Number

04-3715940

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

300023521143
10/15/03--01063--007 **150.00

7. Name and Address of Current Registered Agent

Name

CHUCK CLARK

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

7984 SW JACK JAMES DR.

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34997

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

Date 9-5-03

REGISTERED AGENT MUST SIGN

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
P	CHUCK CLARK	7984 SW JACK JAMES DR.	STUART, FL 34997
VP	LOUIS MARTIN, JR.	7984 SW JACK JAMES DR.	STUART, FL 34997

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-03

Date

(772)283-7364

Daytime Phone #

CR2E01 (10/02)

September 5, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: P02000091573 - Synergy Design Group, Inc.
- 04-3715940 - Corporate Reinstatement form

To Whom It May Concern:

Enclosed you will find a copy of my State of Florida Corporate Reinstatement form. We were completely unaware that our corporate status was being dissolved, as we never received the Annual report forms. We believe this was due to our relocation of our corporate offices. To this point we have never received our annual report forms for the year 2003. We had no desire to avoid these forms we simply never received them. In light of the fact that we never received the forms to file our annual report we would request that you accept the enclosed check in the amount of \$150.00 for the annual fee for the year 2003, and reinstate our corporate status as soon as possible. Please abate the penalties on our account and reinstate us with the as shown on the enclosed reinstatement form. If you have any further questions on our account please contact us directly at 772-283-7364. Thank you in advance for your time and consideration in this matter.

Sincerely,



Chuck Clark