

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 21 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000095086**

1. Corporation Name

Client Synergy, Inc.

REINSTATEMENT 03-05

2. Principal Office Address

2577 Carambola Cir. N.

Suite, Apt. #, etc.

3. Mailing Office Address

2577 Carambola Cir. N.

Suite, Apt. #, etc.

City & State

Coconut Creek FL

Zip

33066

Country

United States

City & State

Coconut Creek FL

Zip

33066

Country

United States

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-29-02

5. FEI Number

51-0460950

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

Tony Smith

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

2577 Carambola Cir. N.

Suite, Apt. #, Etc.

City

Coconut Creek

State

FL

Zip Code

33066

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

Tony Smith

REGISTERED AGENT MUST SIGN

Date *3-16-05*

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	<i>Tony Smith</i>	<i>2577 Carambola Cir. N. Coconut Creek, FL 33066</i>	
Vice Pres.	<i>Jacqueline Smith</i>	<i>2577 Carambola Cir. N. Coconut Creek, FL 33066</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:

Tony Smith / Tony Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-05

Date

954-540-9393

Daytime Phone #

CR2E081 (01/04)

March 15, 2005

To Whom It May Concern:

Re: 51 - 0460950 Client Synergy, Inc.

I (Tony Smith) did not receive an annual report for 2003 - 2004 Tax year.

I would like to request to be reinstated without any penalties.

I've enclosed payment(s) for reinstatement for 2003 & 2004.

Your attention to this matter is greatly appreciated.

Thank You,

Tony C. Smith
c/o Client Synergy, Inc.
Tax ID # 51 - 0460950