2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000117590

Entity Name: SYNERGY DATA SERVICES, INC.

FILED Nov 05, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5921 S SABLE CIR 1225 CANYON WAY MARGATE, FL 33063 WELLINGTON, FL 33414

Current Mailing Address: New Mailing Address:

5921 S SABLE CIR 1225 CANYON WAY MARGATE, FL 33063 WELLINGTON, FL 33414

FEI Number: 81-0578678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NEMBHARD-KNIGHT, FLUER
5921 S SABLE CIR
MARGATE, FL 33063 US

NEMBHARD-KNIGHT, FLUER
1225 CANYON WAY
WELLINGTON, FL 33414 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: FLEUR NEMBHARD-KNIGHT 11/05/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDCO () Delete
Name: NEMBHARD-KNIGHT, FLEUR

Address: 5921 S SABLE CIR City-St-Zip: MARGATE, FL 33063

Title: CEO () Delete
Name: NEMBHARD, FLEUR
Address: 5921 S SABLE CIR
City-St-Zip: MARGATE, FL 33063

Title: V (X) Delete Name: KNIGHT, LEIGHTON

Address: 5921 S. SABLE CIR City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDCO (X) Change () Addition
Name: NEMBHARD-KNIGHT, FLEUR
Address: 1225 CANYON WAY
City-St-Zip: WELLINGTON, FL 33414

Title: CEO (X) Change () Addition

Name: NEMBHARD, FLEUR
Address: 1225 CANYON WAY
City-St-Zip: WELLINGTON, FL 33414

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FLEUR NEMBHARD-KNGIHT PDCO 11/05/2004