

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000124958

1. Entity Name
SYNERGETIC GLASS, CORP.



Principal Place of Business

1775 NW 111 ST
MIAMI, FL 33167

Mailing Address

P.O. BOX 530062
MIAMI SHORES, FL 33153

2. Principal Place of Business

19553 NW 2nd AVE
Suite, Apt. #, etc.
#207

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

Zip
33169

Country
USA

Zip

Country

02162006

REIN-P

CR2E098 (11/05)

4. FEI Number
05-0590046

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHARLES, EDWINS
19500 NW 1 AVE
MIAMI, FL 33169

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CHARLES, EDWIN'S
STREET ADDRESS 19500 NW 1 AVE
CITY-ST-ZIP MIAMI, FL 33169

TITLE V ☐ Delete
NAME ST JULIAN, PAUL
STREET ADDRESS 19500 NW 1 AVE
CITY-ST-ZIP MIAMI, FL 33169

TITLE ST ☐ Delete
NAME PIERRE, MARIE A
STREET ADDRESS 19500 NW 1 AVE
CITY-ST-ZIP MIAMI, FL 33169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400066391614
CITY-ST-ZIP 02/22/06--01036--015 **\$300.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EDWIN'S CHARLES

2/16/06

(786) 290-8177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #