

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 OCT -1 AM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P040000083100

1. Corporation Name

SYNCHRONIC, INC.

2. Principal Office Address

1155 PRESERVE LN

Suite, Apt. #, etc.

SUITE 3270

City & State

NAPLES, FL

Zip

34119

Country

USA

3. Mailing Office Address

P.O. Box 110281

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34119

Country

USA

**REINSTATEMENT**

CR2E081 (12/05)

05-07

4. Date Incorporated or Qualified  
To Do Business in Florida

5/25/2004

5. FEI Number

11-3719553

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

DON E. LESTER

Street (If P.O. Box Number is Not Applicable)

1155 PRESERVE LANE SUITE 3270

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34119

B. 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

REGISTERED AGENT MUST SIGN

Date 9-28-07

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
PD	DON E. LESTER	11679 Longshore Way E	NAPLES, FL 34119
U	SUZANNE F. LESTER	11679 Longshore Way E	NAPLES, FL 34119
T	DEAN C. LESTER	9927 KONA ISLE Cn	ORLANDO, FL 32817

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 contained in Chapter 119, 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

9-28-07 289-8270

259



CORPORATION SERVICE COMPANY

RECEIVED

07 OCT -1 PM 2:43

ACCOUNT NO. : 072100000  
REFERENCE : 251872  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 1050.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
7610462

ORDER DATE : October 1, 2007

ORDER TIME : 1:22 PM

ORDER NO. : 251872-005

CUSTOMER NO: 7610462

DOMESTIC FILINGS

NAME: SYNCHRONIC, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext# 2908

EXAMINER'S INITIALS \_\_\_\_\_