

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2021 JUN 30 AM 9:16

DOCUMENT #

1. Corporation Name

BUILDABLOCK CORP.

2. Principal Office Address - No P.O. Box #

30 N Gould St Ste 5835

3. Mailing Office Address

30 N Gould St Ste 5835

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sheridan, WY

City & State

Sheridan, WY

Zip

82801

Country

USA

Zip

82801

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/2005

5. FEI Number

22-3914075

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name Jonathan Leinwand

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

18305 Biscayne Blvd., Suite 200

Suite, Apt. #, Etc.

City Aventura

State
FL

Zip Code
33160

REINSTATEMENT

2015-2021
(10)

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

REGISTERED AGENT MUST SIGN

Date June 21, 2021

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
Director	Charlie Faulkner	30 N Gould St Ste 5835	Sheridan, WY 82801
CEO	Charlie Faulkner	30 N Gould St Ste 5835	Sheridan, WY 82801
President	Simon Wajcenberg	30 N Gould St Ste 5835	Sheridan, WY 82801
Director	Simon Wajcenberg	30 N Gould St Ste 5835	Sheridan, WY 82801
Treasurer	Simon Wajcenberg	30 N Gould St Ste 5835	Sheridan, WY 82801
Secretary	Simon Wajcenberg	30 N Gould St Ste 5835	Sheridan, WY 82801

10. E-mail Address: info@synergymgtgroup.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/21/21

Date

612-309-3801

Daytime Phone #