## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

P93000012132 **DOCUMENT #** 

1. Corporation Name

SYNERGISTIC MEDICAL TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

514 S BOLA BR ORLANDO FL 32901 US

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P. O. BOX 2533 N/A\* WINTER PARK FL-32790

FILED

02 NOV 12 AM 11: 45

SEUNE IMPLIQUE STATE TALLAHASSEE: FLORIDA

02/15/1993

If above addresses are incorrect in any way, line through incorrect information and enter correction below								
HS 17 OID CARRIAGET	3. New Mailing Office Address, If Applicable							
uite, Apt. #, etc.	Suite, Apt. #, etc.							

Date Incorporated or Qualified
 To Do Business in Florida

5. FEI Number

65-0395212

Applied For Not Applicable

<u> </u>	165	Lus	1832792	Country	C	CERTIFICATE OF	F STATUS DESIRED 🔲	\$8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Florida nonp	profit corporations mu	est list at least 3 di	irectors)		
Title(s)	2	Name of Officers and/or Directors	3	Street Addre	ess of Each		City	/ State / Zip
DP	CHRISTY,	WILLIAM J	1324 451	SUNSET DRIVE 7-Old CARRI	imeTm:	0	VENICE FL 32789 DVIEDO, FL	22716
DST	CHRISTY,	JAMES R	216 B	AYSHORE CIRCLE Bilbao			VENICE FL 34285	FL 34238
		,	3306	<u>DIIBRO I</u>	LACE		DARASOTA_,	, FL 34238
	<u> </u>							
						500	0089430	315
						11/12/02	01131012	**600.00
				M.M	11.67	VI AB   U L	01111 01	9 31150-00
	8. Name	and Address of Current	Registered Agent		9 Ns	eme and Add	rose of Now Posietos	

CHRISTY, WILLIAM J. 4517 OLD CARRIAGE TRAIL OVIEDO FL 32765

Name

9. Name and Address of New Registered Agent

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

Suite, Apt. #, Etc.

City

State Zip Code CR2E040

10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agen

REGISTERED GENT MUST SIGN

11. I certify that I am an officer or director or the redeiver or trusted 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 properties 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 signatule the legal effect as if made under oath.

SIGNATURE: