

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 9:40

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000055856**

1. Corporation Name

**SYNERGY SECURITY CLOSURES CORPORATION**

Principal Place of Business

Mailing Address

5007 NORTH COOLIDGE  
 TAMPA FL 33614

5007 NORTH COOLIDGE  
 TAMPA FL 33614



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/06/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3194338

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	JUNCO, BENITO III	C/O 5007 COOLIDGE	TAMPA FL 33614
CEO	SPERO, CHARLES G	6624 REEF CIRCLE	TAMPA FL 33625

600024391926  
 11/03/03--01113--003 \*\*550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JUNCO, BENITO III  
 5007 COOLIDGE  
 TAMPA FL 33614

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, 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 Agent

*[Signature]*  
 SIGNATURE REQUIRED  
 REGISTERED AGENT MUST SIGN

Date

10/30/03

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., 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 under section 119.07(3)(i), 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/03  
 Date

813-875-2511  
 Daytime Phone #

CFR2E040 (7/03)



**FLORIDA DEPARTMENT OF STATE  
GLENDA E. HOOD, Secretary of State**

**30 AUG, 2003**

**Please accept this letter as our affirmation that the appropriate 2003 UBR #P93000055856 was duly signed and mailed along with our check # 0011877 in the amount of \$550.00 on August 15th 2003.**


**As of this date the aforementioned check has not been paid by our bank.**

**We ask that any re-instatement penalties be waived as we did file in good faith on the above referenced date and can only assume that our application was lost or misplaced.**

**We have placed a stop-payment on the original check and enclose a replacement.**

**Thanking you in advance for your cooperation and consideration in this matter, we remain,**

**Sincerely,  
Synergy Security Closures Corporation**

  
**Charles G. Spero  
C.E.O.**

**CGS/dfs**