

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JUN -1 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94005036493

1. Corporation Name

FINANCIAL SYNERGY CORP.

2. Principal Office Address

1221 BRICKELL AVE.

Suite, Apt. #, etc.

9TH FLOOR

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

3. Mailing Office Address

1221 BRICKELL AVE.

Suite, Apt. #, etc.

9TH FLOOR

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

REINSTATEMENT

CR2E081 (12/05)

1998-2006 *DSX*

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 16, 1994

5. FEI Number

650492617

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

LUIS CATAN

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

100 OCEAN LANE DRIVE,

Suite, Apt. #, Etc.

APT. 404

City

KEY BISCAYNE

State

FL

Zip Code

33149

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

MAY 30th, 2006

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
PRES & CEO	LUIS CATAN	100 OCEAN LANE DRIVE, APT. 404	KEY BISCAYNE, FLORIDA 33149

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

[Signature]

Date

MAY 30th, 2006

Daytime Phone #

305-377-8787