

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherin Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 11 PM 2:24

DOCUMENT #

P94000039426

1. Corporation Name

SYNERGY FINANCIAL SYSTEMS, INC

2. Principal Office Address

5201 W. KENNEDY

Suite, Apt. #, etc.

750

City & State

TAMPA FL

Zip

33609

Country

USA

3. Mailing Office Address

4532 W. KENNEDY

Suite, Apt. #, etc.

270

City & State

TAMPA FL

Zip

33609

Country

USA

REINSTATEMENT 06-01

4. Date Incorporated or Qualified
To Do Business in Florida

3/94

5. FEI Number

59-3401347

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

JERRY CARTRIGHT

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

5201 W. KENNEDY

Suite, Apt. #, Etc.

750

City

TAMPA

State

FL

Zip Code

33609

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 12-18-2000

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
P	JERRY CARTRIGHT	1052-B GREENCREST	TAMPA FL 33626
D	DONALD CARTRIGHT	1212-7 BISHOPS FORD	TAMPA FL 33626

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-2000 813-245-0000

Date

Daytime Phone #

CR2E081 (9/00)