

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *16/10/02*

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -2 AM 9:21

DOCUMENT # *P97000037970*

1. Corporation Name

SYNCHRONIZED DYNAMICS, INC.

500003164695--8

-03/10/00--01011--013

*****308.75 *****308.75

2. Principal Office Address

34-23 41 St.

Suite, Apt. #, etc.

Suite 3L

City & State

Astoria NY

Zip

11101

Country

US

3. Mailing Office Address

34-23 41 St.

Suite, Apt. #, etc.

Suite 3L

City & State

Astoria NY

Zip

11101

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/29/1997

5. FEI Number

65-0747913

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

Pauline James

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

860 Coral Ridge Drive

Suite, Apt. #, Etc.

Apt 202

City

CORAL SPRINGS

State

FL

Zip Code

33071

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

Pauline James

REGISTERED AGENT MUST SIGN

Date *2/27/2000*

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
<i>PRST DCM</i>	<i>Albert James</i>	<i>860 Coral Ridge Drive 34-23 41 St, Suite 3L</i>	<i>Astoria, NY 11101</i>

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:

James Albert James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/00
Date

718-707-0471
Daytime Phone #

CR2E081 (9/99)



**Synchronized
Dynamics**

19 2
**Albert James
President & CEO**

e: ajames@sdyn.com

t: (718) 707-0471

f: (718) 707-0472

www.sdyn.com

34-23 41st Street

Suite 3L

Astoria, NY 11101

February 26, 2000

Andy Dunlap
Document Specialist Supervisor
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Andy,

Please find enclosed our Annual Report/Corporate Reinstatement and a check for \$308.75 (\$150 filing fee for each of the two years, plus \$8.75 for the Certificate of Status).

As I indicated during our telephone conversation earlier this week, I did not receive an Annual Report to file last year or the year before, and I did not receive a reply to my correspondence of November 1999. Please note that I have changed my address to 34-23 41st Street, Suite 3L, Astoria, NY, 11101, which is the office that I am currently working from. So long as appropriate forms/correspondence is mailed to my attention at this address, there will be no problem filing on time in the future. In addition, if I do not receive the necessary forms to file AR2000, we will contact your office before the May 1 filing deadline.

Again, thank you for your help and understanding in this matter and we look forward to filing subsequent Annual Reports on time.

Kindest Regards,

Albert J. James, President
Synchronized Dynamics, Inc.