


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 NOV 15 PM 7:00	
DOCUMENT # P97000052034					
1. Corporation Name Team Synergvision Inc.					
2. Principal Office Address 8250 Collier Blvd. Suite, Apt. #, etc.		3. Mailing Office Address 8250 Collier Blvd. Suite, Apt. #, etc.		REINSTATEMENT 98-01	
City & State Naples, FL Zip 34114 Country USA		City & State Naples, FL Zip 34114 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 06/12/97	
5. FEI Number 59-3464684				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Goodlette, Coleman + Johnson - Harold Webre					
Street Address (P.O. Box Number is Not Acceptable) 4001 Tamiami Trail North Suite 300					
Suite, Apt. #, Etc.					
City Naples		State FL		Zip Code 33940	
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 Harold Webre				Date 11/13/01	
REGISTERED AGENT MUST SIGN					
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		
CEO, President, Director	Michael Taylor	8239 Parkstone Place # 107	Naples, FL 34120		
			400004702224-5		
			-12/03/01--01047--028		
			***1200.00 ***1200.00		
			11/29		
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: Mike Taylor		Date 11/09/01		Daytime Phone # 941-389-9980	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					