

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000028014

**FILED**  
**Oct 03, 2007**  
**Secretary of State**

**Entity Name:** SYNERGIE WELLNESS PRODUCTS, INC.

**Current Principal Place of Business:**

15022 PASO DEL SOL  
DEL MAR, CA 920144117 US

**New Principal Place of Business:**

**Current Mailing Address:**

15022 PASO DEL SOL  
DEL MAR, CA 920144117 US

**New Mailing Address:**

**FEI Number:** 91-1853701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COHEN, EDWARD ESQ  
54 SW BOCA RATON BLVD  
BOCA RATON, FL 334324708 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** EDWARD B. COHEN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** DPS ( ) Delete  
**Name:** MERRICK, N. MUNRO  
**Address:** 150022 PASO DEL SOL  
**City-St-Zip:** DEL MAR, CA 920144117 US

**Title:** D ( ) Delete  
**Name:** PARKER, ROBERT L  
**Address:** 15022 PASO DEL SOL  
**City-St-Zip:** DEL MAR, CA 920144117

**Title:** DT ( ) Delete  
**Name:** BRETTE, MICHAEL N  
**Address:** 15022 PASO DEL SOL  
**City-St-Zip:** DEL MAR, CA 920144117

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** D (X) Change ( ) Addition  
**Name:** MERRICK, AVRIL  
**Address:** 15022 PASO DEL SOL  
**City-St-Zip:** DEL MAR, CA 920144117

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** N. MUNRO MERRICK

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10/03/2007

Electronic Signature of Signing Officer or Director

Date