

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 11 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000075411

1. Corporation Name

SYNERGY SOFTWARE, INC.
1675 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FL 33401

2. Principal Office Address

1675 PALM BEACH LAKES BLVD.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL 33401

Zip

33401

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

8/28/98

5. FEI Number

65-0922764

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-02

7. Name and Address of Current Registered Agent

Name

JOHN R. ERBEY

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

1675 PALM BEACH LAKES BLVD.

Suite, Apt. #, Etc.

City

WEST PALM BEACH,

State

FL

Zip Code

33401

800005026288-1
-02/28/02--01026--007
***1200.00 ***1200.00

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

REGISTERED AGENT MUST SIGN

Date

1/29/02

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
D/C	WILLIAM C. ERBEY	1675 PALM BEACH LAKES BLVD.	WEST PALM BEACH, FL 33401
V	JOHN R. BARNES	1675 PALM BEACH LAKES BLVD.	WEST PALM BEACH, FL 33401
V	THOMAS K. MCCARTHY	1675 PALM BEACH LAKES BLVD.	WEST PALM BEACH, FL 33401
S	JOHN R. ERBEY	1675 PALM BEACH LAKES BLVD.	WEST PALM BEACH, FL 33401
V/CFO	MARK S. ZEIDMAN	1675 PALM BEACH LAKES BLVD.	WEST PALM BEACH, FL 33401
CEO/P	ARTHUR D. RINGWALD	1675 PALM BEACH LAKES BLVD.	WEST PALM BEACH, FL 33401

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:

JOHN R. BARNES, SENIOR VP

1/28/02

561-682-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #