PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.					
APRILICA	TION JEEN.	FLORIDA DEP	ATUENT OF STATE	Ē	
FOR		CHY	arris		( ) )
REINSTAN	EMPAT	DIVISION	DECORPORATIONS		
P9800090082				FILED	
1 Congruence Survey One Inc.					
4798 Nowhwest 102ND RD.				99 SEP 14 PH 3: 23	
23/18 CVOORFULES 23/10/				SECRETARY OF STATE	
Principal Place of Business Mailing Address				TALLAHASSEE, FLORIDA	
SAME AS ABOVE					
<u> </u>	AME AS N	435.6			
	re incorrect in any way, line thro				
2 New Principal Office Address, If Applicable 3 New Mailing Office Ar		Address, If Applicable	Date Incorporated or Qualified     To Do Business in Ftorida	Sept. 16, 1998	
Suite Apt # etc Suite, Apt. #, etc.				5. FEI Number	Applied For
City & State City & State		City & State			Not Applicable
Żip —	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required
7 N	15-10"		- En - Line - Li	<u> </u>	for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers Street Address of Each					
Title(s) 2	s) and/or Directors 3 (I		Officer and/or Director (Do NOT Use Post Office Box	Numbers) 4	City / State / Zip
JO VIR	> VIRGINIA LAND 4298WW 62A			ND RD BOCA K	CATON, FI.
. ' -	MOGOULD	<b>)</b>			25446
				20000299	25002
				-09/24/99	301033002
··· -				****158	00 ****150.00
1					
-					
					SP
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name					
100					
				(P.O. Box Number is Not Acceptable)	CR2E08
4298 NW 62 ND RD. Suite, Apt. #, Etc.				c.	
EXXA RATON, FLORIDA 33496 CAY STATE ZIP CODE					
10. I, being appointed			n familiar with and accept the	obligations of Section 607.0505, F.S.	FL
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of P. J. L. G. C.					
Registered Agent CUCHUC Date Date Date					
11. This corporation owes the current year (See other side for information					
Intangible Personal Property Tax due June 30.  Yes  No					
12 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.					
RI I					
SIGNATURE: SIGNATURE AND WEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELCTOR DESCRIPTION DELCTOR DESCRIPTION DE LA CONTROLLA DE LA CONTROL					
SIGNATURE: SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayling Phone #					
	, ·	/		412100	j



September 7, 1999

Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Dear Sir or Madam:

SynergyOne Inc. has not been in operation since filing for Incorporation Status on Sept.16, 1998. I have just now filed for S-Corp status and my Fed. Tax I.D. #. Please understand that I had not received any mail for this company to this address since it was not operational.

As of August 30<sup>th</sup> 1999, I am moving forward to officially open my Executive Search Firm. I spoke to Christine in your office regarding this matter, she suggested that I explain this in a letter and submit a check for \$150.00

Virginia Land McGould

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Da , # assigned P98000080082