

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS		FILED DEC - 6 PM 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P98000102576					
1. Corporation Name Synergy Research, Inc. REINSTATEMENT 1999-2001					
2. Principal Office Address 19235 U.S. Highway 41 N		3. Mailing Office Address same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lutz, FL		City & State			
Zip 33549	Country US	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 12/7/98	
				5. FEI Number 59-3561224	Applied For 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 Carl Anderson	900004735569-9
Street Address (P.O. Box Number is Not Acceptable) 19235 U.S. Highway 41 North	-12/21/01--010274-001 ***1050.00 ***1050.00
Suite, Apt. #, Etc.	
City Lutz	State FL Zip Code 33549

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 Carl Anderson Date 12/4/01
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
P	Bob Cusmano	19235 U.S. Highway 41 N	Lutz, FL 33549
V	Carl Anderson	19235 U.S. Highway 41 N	Lutz, FL 33549
S/T	Steven Dorsey	19235 U.S. Highway 41 N	Lutz, FL 33549

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: Carl Anderson Vice-President Date 12/4/01 813-949-6251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 6, 2001

Capital Connection, Inc.
417 E. Virginia St.
Suite 1
Tallahassee, FL 32301

SUBJECT: SYNERGY RESEARCH, INC.
Ref. Number: P98000102576

We have received your document for SYNERGY RESEARCH, INC. and check(s) totaling \$1050.00. However, your check(s) and document are being returned for the following:

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Corporate Specialist

Letter Number: 101A00064606

RECEIVED
01 DEC 10 PM 1:29
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE