

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 FEB 18 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000104548

1. Corporation Name

SYNERGISTIC INVESTMENTS, INC.

Principal Place of Business

Mailing Address

3601 W COMMERCIAL BLVD STE 38  
FT LAUDERDALE FL 33309

3601 W COMMERCIAL BLVD STE 38  
FT LAUDERDALE FL 33309

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3981 SW 30th Ave

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. Land FLORIDA

City & State

Zip

33312

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/15/1998

5. FEL Number

65-0972877

Applied for

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GIL, JORGE	3601 W COMMERCIAL BLVD STE 38	FT LAUDERDALE FL 33309
D	SCHEMBEL, CRAIG	3981 SW 30th Ave	FT Land, FL 33312

200003170442--0  
-03/15/00--01012--017  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

GIL, JORGE  
3601 W COMMERCIAL BLVD STE 38  
FT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name

RHONDA HOLLANDER, ESQ

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

1861 N. Federal Hwy

Suite, Apt. #, Etc.

#191

City

Hollywood

State

FL

Zip Code

33020

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  
Registered Agent

*R. Hollander*  
REGISTERED AGENT MUST SIGN

Date 12/27/99

11. 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:

*Gray R. Schuler*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/99  
Date

730-0900  
Daytime Phone #

CR2E040 (8/99)