

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

3601 W COMMERCIAL BLVD STE 38  
FT LAUDERDALE FL 33309

Mailing Address

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

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

12/15/1998

2000

City & State  
Ft. Lauderdale Florida

City & State

Zip  
33312

Country  
USA

Zip

Country

5. FEL Number  
65-0972877

Application 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GIL, JORGE	3601 W COMMERCIAL BLVD STE 38	FT LAUDERDALE FL 33309
D	SCHEMBEL, CRAIG	3981 SW 30th Ave	Ft. Lauderdale, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/99  
Date

730-0900  
Daytime Phone #

CR2E040 (8/98)