PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 APR 10 AM 9:18
SEC
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04/10/18--01013--001 **1535.00

CR2E081 (11/10)

DOCUMENT # P99000005871

1. Corporation Name

SUNERGY CORP.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3447 Pine Ridge Road	3447 Pine Ridge Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 101	Suite 101
City & State	City & State
Naples, Florida	Naples, Florida
Zip / Country	Zip / Country
34109 / USA	34109 / USA

4. Date Incorporated or Qualified To Do Business in Florida
01/20/1999

5. FEI Number
59-3556456
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED
No
$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Sebastian Nye-Schmitz, Esq.
Street Address (P.O. Box Number is Not Acceptable)
3447 Pine Ridge Road
Suite, Apt. #, Etc.
Suite 101
City / State / Zip Code
Naples / FL / 34109

REINSTATEMENT

2013-2018

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 S. Nye-Schmitz Date 4/9/18
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
PTSD	Beatrice Haeusermann	3447 Pine Ridge Rd Ste 101	Naples, FL 34109

10. **E-mail Address:** sns@swfltaxlaw.com; jdafonte@swfltaxlaw.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 4/9/18
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #