

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 DEC -4 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

400003493364--4
-12/11/00--01038--009
****758.75 ****758.75

DOCUMENT # P99000049571

1. Corporation Name

Cynergy Title Agency, Inc.

2. Principal Office Address

4850 Osprey Dr. S.

Suite, Apt. #, etc.

#206

City & State

St. Petersburg, FL

Zip

33711

Country

3. Mailing Office Address

4850 Osprey Dr. S.

Suite, Apt. #, etc.

#206

City & State

St. Petersburg, FL

Zip

33711

Country

4. Date Incorporated or Qualified

To Do Business in Florida

06/02/99

5. FEI Number

59-3581621

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gerald R. Wendel

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

4850 Osprey Dr. S.

Suite, Apt. #, Etc.

#206

City

St. Petersburg

State

FL

Zip Code

33711

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

REGISTERED AGENT MUST SIGN

Date

11/15/00

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
Pres	Gerald R. Wendel	4850 Osprey Dr. S. #206	St. Petersburg, FL

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #