

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 AM 11:58

DOCUMENT # **PA9000077914**

1. Corporation Name

ZeoSync Corporation

2. Principal Office Address

310 Evernia Street

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Office Address

310 Evernia Street

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33401

Country

USA

REINSTATEMENT 010

4. Date Incorporated or Qualified To Do Business in Florida

8/27/99-FL

5. FEI Number

65-0952368

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

Carl A. Cascio, Esq.

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

639 E. Ocean Avenue, Suite 207

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33435

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*****750.00 ***750.00**

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 **10-23-00**

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.	Peter St. George	310 Evernia Street	West Palm Beach, FL 33401

AS 11/22

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-00 - (561) 805-9000

Date

Daytime Phone #

CR2E081 (9/99)