

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG 13 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

S93430

1. Corporation Name

SYNERGY ASSOCIATES, INC.

REINSTATEMENT 9202

2. Principal Office Address

7875 NW 12 Ave

Suite, Apt. #, etc.

109

City & State

Miami, FL

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

33126

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-13-1991

5. FEI Number

06-1642528

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

Marcial A. Baralt

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

7875 NW 12 Ave

Suite, Apt. #, Etc.

109

City

Miami

State
FL

Zip Code 33126

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

Marcial A. Baralt

Date 9/12/2002

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
PRES	Marcial A. Baralt	7875 NW 12 Ave	Miami, FL 33126
V-PRES	Nelson Hádjez	7875 NW 12 Ave	Miami, FL 33126
TRES	Nelson Hadjez	7875 NW 12 Ave	Miami, FL 33126
SECT	Enrique Garcia	7875 NW 12 Ave	Miami, FL 33126

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:

Marcial A. Baralt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/2002

Date

Daytime Phone #