

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS

UPAK

①

FILED

99 NOV 19 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 371896

1. Corporation Name PIEZO TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

2525 SHADER ROAD
ORLANDO, FL 32804

2525 SHADER ROAD
ORLANDO, FL 32804

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/28/1970

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1304406

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
VSD	SMYTHE, R.C.	²¹⁷⁵ 2010 COUNTRYSIDE CIR. S	ORLANDO, FL
CPD	HORTON, W.H.	20 INTERLAKEN ROAD	ORLANDO, FL
D	MALOCHA, D.C.	409 BAY TREE LANE	LONGWOOD, FL

000003063780--5
-12/08/99--01003--018
****550.00 ****550.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HORTON, W.H.
2525 SHADER ROAD
ORLANDO, FL 32804

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

W.H. Horton

REGISTERED AGENT MUST SIGN

Date

11/15/98

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

R. C. SMYTHE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RC Smythe

11/15/98
Date

(407) 218-2000 x229
Daytime Phone #

CP2008 (12 98)



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November 15, 1999
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find our check number 018617 for \$550.00 for application for reinstatement. This check replaces check number 017327 (copy enclosed) issued on June 24, 1999 which was never applied to our account and has apparently been lost.

It has only recently come to our attention that the June check has not cleared. Therefore, please accept this as full payment and waive any other fees for reinstatement.

Your understanding is appreciated.

Sincerely,

Stephen E. Davis
Stephen E. Davis
Controller