PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 DEC 27 AM 11:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000028845

1. Corporation Name

SYNTHETIC TECHNOLOGIES, INC

REINSTATEMENT 00-1

2. Principal Office Address	**3.** Mailing Office Address
4301 Woodland Park Drive	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 101	same
City & State	City & State
W. MELBOURNE, FL	Same
Zip / Country	Zip / Country
32904 / Brevard	Same / Same

4. Date Incorporated or Qualified To Do Business in Florida 4/1/98

5. FEI Number 94-329-6611 ☐ 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: GEORGE FAIRCLOTH

Street Address (P.O. Box Number is Not Acceptable): 4301 Woodland Park Dr. Suite 101

Suite, Apt. #, Etc.: Woodland Business Park

City: WEST MELBOURNE | State: FL | Zip Code: 32904

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: George Faircloth — REGISTERED AGENT MUST SIGN — Date: 12/20/00

CR2E081 (9/99)

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
President	GEORGE FAIRCLOTH	4301 Woodland Park Dr. Woodland Bus. Park	W. MELBOURNE, FL 32904
V. P.	Richard Bruno	160 Versailles Dr. Apt. #336B - The Hamptons	MELBOURNE BEACH, FL 32951

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****908.75 ****908.75

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.

KE

SIGNATURE: George Faircloth — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 12/20/00 — Daytime Phone #: (978) 448-8278