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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

APPLICATION FOR REINSTATEMENT FOR 98-99

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # F97000044360

TEKLOGIX CORPORATION,
1810 Airport Exchange Boulevard,
Suite 500,
Erlanger, KY 41018, U.S.A.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: Aug. 21, 1997

4. FEI Number: 51-0263558

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

Title 1	Names of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
	SEE SCHEDULE ATTACHED		
			900000294328B---E -07/27/98--01075--011 ****98.75 ****98.75
			REINSTATEMENT 98-99

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

CT Corporation System,
c/o CT Corporation System,
1200 South Pine Island Road,
Plantation, Florida 33324, U.S.A.

7. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State: FL.

Zip Code

8. 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: Kimberly D. Gilbertson, Asst. Sec. Date: 7-22-99

REGISTERED AGENT MUST SIGN

9. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: C. Crosby Date: July 19, 1999 Phone #: (416) 364-3000x226

Typed or printed name of signing officer or director: Constance L. Crosby - Secretary and Director

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☒

(FLA. - 2113 - 1/3/92)

(2)

TEKLOGIX CORPORATION

Directors:

Name	***No. & Street***	***City***	***State***	***Zip***
Ian McElroy	37 Ritter Crescent	Unionville	Ontario/ Canada	L3R 4K4
Constance L.Crosby	72 Wimbleton Road	Etobicoke	Ontario/ Canada	M9A 3S1

Officers:

Name	***No. & Street***	***City***	***State***	***Zip***
President Ian McElroy	37 Ritter Crescent	Unionville	Ontario/ Canada	L3R 4K4
VP Finance & Admin. and CF0 Gordon Wilde	1629 Chesbro Court	Mississauga	Ontario/ Canada	L5H 4H4
Vice President Patrick Bays	16 Huntsman Gate	Hamilton	Ontario/ Canada	L8N 2Z7
Secretary Constance L.Crosby	72 Wimbleton Road	Etobicoke	Ontario/ Canada	M9A 3S1
Assistant Secretary Thomas F. Byrne	978 Royal York Rd	Etobicoke	Ontario/ Canada	M8X 2E9
General Manager Donald C. Adams	866 Riverwatch Dr	Crescent Springs	Kentucky U.S.A.	41017