

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 17 PM 4:11

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P01000000357

1. Corporation Name

Le Maître Orlando Inc.

2. Principal Office Address

640 Gadsden St.

Suite, Apt. #, etc.

3. Mailing Office Address

3665 Dove Road

Suite, Apt. #, etc.

City & State

Groveland, Florida

City & State

Port Huron, Michigan

Zip

34736

Country

U.S.A.

Zip

48060

Country

USA

700067011827
03/03/06--01022--005 **600.00

REINSTATEMENT 03-06

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/2001

5. FEI Number

59-3695046

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

Kathryn Ross

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

1177 Louisiana Ave.

Suite, Apt. #, Etc.

Suite 101

City

Winter Park, FL

State
FL

Zip Code

32789

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

Kathryn V ROSS

REGISTERED AGENT MUST SIGN

Date 1-10-06

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
P	Adrian Segeren	256421 Sonova Cres.	Lakewood, Ontario, Canada NOM 2G6
V/P	Todd Bryant	1279 Wayne Road	London, Ontario, Canada N6K 2G3

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:

Todd Bryant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10/06
Date

514-868-4926
Daytime Phone #



2022

Jan.10/06

To: Florida Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida

Re: LeMaitre Orlando Inc.
Fein # 59-3695046

To Whom It May Concern

Please accept attached application for corporate reinstatement. As I explained to one of your representatives we did not receive renewal application in 2003 as we moved. Please waive the \$600xx reinstatement fee and accept the attached cheque for \$450xx for 2003, 2004 and 2005 and our application with revised address and registered agent.

600 as per your
request in attached letter

Respectfully,

A handwritten signature in cursive script that reads "Todd Bryant".

Todd Bryant, CMA
Controller