

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 20 PM 12:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P0200134036

1. Corporation Name
Farrotech, Inc.

2. Principal Office Address
12011-1 S. Cleveland Ave.

3. Mailing Office Address
12011-1 S. Cleveland Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Myers, Fl.

City & State
Fort Myers, Fl.

Zip Country
33907 U.S.

Zip Country
33907 U.S.

4. Date incorporated or Qualified
To Do Business in Florida 12-24-02

5. FEI Number
043730000

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Kurt A. Streyffeler, Esquire

Street Address (P.O. Box Number is Not Acceptable)
1422 Hendry Street

Suite, Apt. #, Etc.
Suite 302

City
Fort Myers,

State Zip Code
FL 33901

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 *K. Streyffeler*
REGISTERED AGENT MUST SIGN

Date 4-15-04

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
D/P	James m. Carney, Jr.	2001 Crocker Road	Westlake, OH 44145
D/V	William J. Mitchell	12011-1 S. Cleveland Ave.	Fort Myers, Fl. 33907

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: *W. J. Mitchell* 4-15-04 (239) 939-6933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WILLIAM J. MITCHELL

CR25081 (10/02)

2

THE LAW OFFICE OF
KURT A. STREYFFELER, P.A.
POST OFFICE BOX 777
FORT MYERS, FLORIDA 33902

OFFICE LOCATION:
1422 HENDRY STREET
SUITE 302
FORT MYERS, FLORIDA

January 13, 2004

TELEPHONE NUMBER:
(239) 332-2900
FACSIMILE NUMBER:
(239) 332-2901

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: CORPORATION REINSTATEMENT FOR FARROTECH, INC.

Dear Sir or Madam:

Enclosed please find the original and one copy of the Corporation Reinstatement form for Farrotech, Inc. Please note the following changes:

1. Principle address;
2. Mailing address;
3. Registered Agent and Register Agent office
4. New Officers and Directors.

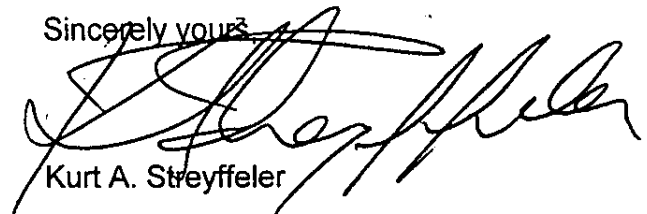
We are enclosing a check made payable to the Secretary of State for charges as follows:

Filing Fee.....	\$150.00
Certified Copy.....	\$ 8.75
	=====
TOTAL.....	\$158.75

By way of this letter, my client is requesting that the reinstatement fee of \$600.00 be waived due to my client never receiving the annual report. The report was mailed to the old mailing address that my client thought he had updated by verbal communication with the Division of Corporations' staff. Please note that Farrotech had not even been incorporated for one year.

Thank you for your assistance and consider in this matter. Please contact me if you have any questions or comments.

Sincerely yours,



Kurt A. Streyffeler

KAS:pw
Enclosures