PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION	
FOR	
REINSTATEMENT	Γ



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary.of-State

DIVISION OF CORPORATIONS

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1. Corporation Name

PTH (USA), INC.

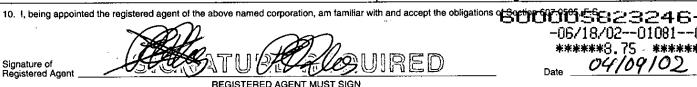
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

REINSTATEMENT 01-02 Mailing Address Principal Place of Business 25501 TROST BLVD 25501 TROST BLVD **BONITA SPRINGS FL 34135** BONITA SPRINGS FL 34135 HS If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 2._New.Principal Office Address, If Applicable ___ ate.incorporated or Qualified 01/15/1996 To Do Business in Florida PŢĦ (USA) Inc college Phwy #303 5 de Parkway #303 5. FEI Number Applied For y & State Fort Myers FL 33919 H94712370-0713 6. CERTIFICATE OF STATUS DESTRE 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers 600005823246 Title(s) Officer and/or Director and/or Directors <u>-06/18/02--01081--017</u> BONITAN SERENCEDIFE 37/185F. 900.00 PTD -TROST-HEIN, PATRICIA-12322 ISABELLA DR. **BONITA SPRINGS FL 34135 VPD** KLEES, DIETER 12322 ISABELLA DR. KLEES Pahaiciac E. 12322 Ssabella Dr. PID 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name PatriciA (8/01) CALDWELL, PAUL CR2E040 Street Address (P.O. Box Number is Not Acceptable) CALDWELL LAW FIRM, PA Jsabella 4415_METRO_PARKWAY_S#_10 Suite, Ant. #. Etc. ETMYERS FL 33916 Bonita Spring Fl

Signature of Registered Agent



-06/18/02--01081--018 ******8.75 ******8.75 04/09/09

11. 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 filling 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: