

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 JUN -6 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000003699

1. Corporation Name

PTH (USA), INC.

Principal Place of Business

25501 TROST BLVD  
BONITA SPRINGS FL 34135  
US

Mailing Address

25501 TROST BLVD  
BONITA SPRINGS FL 34135  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. PTH (USA) Inc

8645 College Parkway #303

City & State Fort Myers FL 33919

Fort Myers 33919

Zip 33919 Country USA

Suite, Apt. #, etc. PTH USA Inc

8645 College Pkwy #303

City & State Fort Myers FL

Fort Myers FL

Zip 33919 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

01/15/1996

5. FEI Number

65-0631854

Applied For

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6.

CERTIFICATE OF STATUS DESIRED  
Sl. 73 Adit onal Fee required  
Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
PTD	TROST HEIN, PATRICIA	12322 ISABELLA DR.	600005823246--7 -06/18/02--01081--017 BONITA SPRINGS FL 34135 900.00
VPD	KLEES, DIETER	12322 ISABELLA DR.	BONITA SPRINGS FL 34135
PTD	KLEES Patricia E.	12322 Isabella Dr.	900.00 - Adm Bonita Springs FL 34135
			600005823246--7 -06/18/02--01081--017
			600005823246--7 -06/18/02--01081--017
			*****8.75 *****8.75

8. Name and Address of Current Registered Agent

CALDWELL, PAUL  
CALDWELL LAW FIRM, PA  
4415 METRO PARKWAY, S# 10  
FT MYERS FL 33916

9. Name and Address of New Registered Agent

Name Patricia Klees  
Street Address (P.O. Box Number is Not Acceptable)  
12322 Isabella Dr.  
Suite, Apt. #, Etc.

City Bonita Spring FL State FL Zip Code 34135

10. 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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

04/09/02

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Patricia E. Klees

Date

Daytime Phone #

04/09/02