

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
**99AN**  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 NOV 22 PM 1:32

DOCUMENT # **P97000079673**

1. Corporation Name  
**SYNERGETIC TECHNOLOGIES U.S.A OF LEE COUNTY, IN C.**

Principal Place of Business 5313 S.W. 8TH PLACE CAPE CORAL FL 33914 US	Mailing Address 5313 S.W. 8TH PLACE CAPE CORAL FL 33914 US
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2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		2267 VISTA OAK RD. Suite, Apt. #, etc.		09/12/1997	
City & State		City & State		5. FEI Number	
		OAKVILLE ONTARIO		65-0796503	
Zip		Country		Applied For	
L6M 3L8		CANADA.		Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PTD	POSCHMANN, GUNNAR	2287 VISTA OAK ROAD	OAKVILLE, ONTARIO L6M 3L8
VSD	POSCHMANN, CHERRY M	2287 VISTA OAK ROAD	OAKVILLE, ONTARIO L6M 3L8

100003059271-0  
-12/02/99--01081--006  
\*\*\*\*150.00 \*\*\*\*150.00

*JA 11/29*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FISHER, LEIGH M 1505 S.E. 40TH STREET SUITE B CAPE CORAL FL 33904		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State   Zip Code
			FL

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]* Date: 11/17/99  
REGISTERED AGENT MUST SIGN

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]* **GUNNAR POSCHMANN** **NOV 9/99** **905-827-6557**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8-99)

November 9, 1999.

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, Florida  
USA 32339

To whom it may concern:

I have received a Notice of Administrative Dissolution or Revocation. It appears that the corporation annual report, and the second notice annual report which apparently were mailed earlier this year were not received. We have had some trouble forwarding the mail to our Canadian address.

This is a new corporation (09/12/97), and being from out of state, we were not aware of the requirement to file an annual report. Since we did not receive the notices, and were not aware of the requirement, we did not know to ask for these reports.

Please accept our apologies and reinstate our corporation.

Sincerely,



Gunnar Poschmann  
Synergetic Technologies U.S.A. of Lee County Inc.  
5313 S.W. 8<sup>th</sup> Place  
Cape Coral, Florida  
USA 33914