

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT



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

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

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

2267 VISTA OAK RD.

Suite, Apt. #, etc.

City & State

OAKVILLE ONTARIO

Zip

L6M 3L8

Country

CANADA.

4. Date Incorporated or Qualified To Do Business in Florida

09/12/1997

5. FEI Number

65-0796503

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

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

8. Name and Address of Current Registered Agent

FISHER, LEIGH M  
1505 S.E. 40TH STREET  
SUITE B  
CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 #

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