

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000012957

1. Corporation Name

Sycom Surge Protection, Inc

2. Principal Office Address

501 Fairview Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

1253 Park Street

Suite, Apt. #, etc.

City & State

Ottawa, Ontario

City & State

Clearwater, Florida

Zip

K1M0X4

Country

Canada

Zip

33756

Country

USA

**REINSTATEMENT** 06-67

12/28/06 01009 022 \$ 758.75

4. Date Incorporated or Qualified  
To Do Business in Florida

02/09/1998

5. FEI Number

593492163

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

R. Carlton Ward

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

1253 Park Street

Suite, Apt. #, Etc.

300086686073

01/30/07--01023--007 \*\*\*35.00

City

Clearwater, Florida

State

FL

Zip Code

33756

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

REGISTERED AGENT MUST SIGN

Date

1/22/07

**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	David Pigott	501 Fairview Avenue	Ottawa, Ontario K1M0X4 Canada
D	Richard Ashe	501 Fairview Avenue	Ottawa, Ontario K1M0X4 Canada
D	Ken Fleck	501 Fairview Avenue	Ottawa, Ontario K1M0X4 Canada

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 contained in Chapter 119, 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

January 12, 2007

Date

Daytime Phone #

(613) 797-5999