

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 OCT 16 PM 3:22

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **804674**

1. Corporation Name  
**NESTLE USA, INC.**

Principal Place of Business	Mailing Address
MERRITTVIEW 383 MAIN AVENUE, 5TH FLOOR NORWALK CT 06851	MERRITTVIEW 383 MAIN AVENUE, 5TH FLOOR NORWALK CT 06851

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	4. Date Incorporated or Qualified To Do Business in Florida	01/05/1937
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	95-1572209
City & State	City & State	Applied For	Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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
VP	JONES, SIMON	50 SALEM VIEW DR	RIDGEFIELD CT 06877
PD	Joe Weller	750 Chester Ave	San Marino, CA 91108
S	WYATT, J. DOUGLAS	2123 EDGEVIEW DR	HUDSON OH 44236
VP	Peter Argentine	508. No. Myrtle Ave	monrovia, CA 91016
VP	SIEGAL, MARK	15 SOUTH PLACE	CHAPPAQUA NY 10514

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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: *Charlotte Renee Cruz* **REGISTERED AGENT MUST SIGN** Date: 10-15-01

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)(l), 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: *Simon Jones* **SIGNATURE REQUIRED** Date: 10/16/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)