

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN 25 PM 1:01

DOCUMENT # F95000005719

1. Corporation Name

LFR Levine Fricke Inc.

2. Principal Office Address

1900 Powell Street

Suite, Apt. #, etc.

12th Floor

City & State

Emeryville, California

Zip

94608-1827

Country

USA

3. Mailing Office Address

1900 Powell Street

Suite, Apt. #, etc.

12th Floor

City & State

Emeryville, California

Zip

94608-1827

Country

USA

REINSTATEMENT 00-0124

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/07/1995

5. FEI Number

04-2806712

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joe Applegate

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

3382 Capital Circle N.E.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308-1568

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

Joe Applegate

REGISTERED AGENT MUST SIGN

Date 5/25/01

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
***	Officers - Please see Exhibit A	***	
***	Directors - Please see Exhibit B	***	

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 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:

Kari Silverman

Kari Silverman

5/18/01

(510) 652-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

Officers of LFR Inc.

EXHIBIT A

Name	Office	Business Address
Charles R. Henry	President	1900 Powell Street, 12 th Floor Emeryville, CA 94608-1827
Alain Thieffry	Treasurer Secretary	1900 Powell Street, 12 th Floor Emeryville, CA 94608-1827
Tom Johnson	Senior Vice President	1900 Powell Street, 12 th Floor Emeryville, CA 94608-1827
Matthew Sutton	Senior Vice President	1900 Powell Street, 12 th Floor Emeryville, CA 94608-1827
Frank Lorincz	Senior Vice President	1900 Powell Street, 12 th Floor Emeryville, Ca 94608-1827
Veronica Fennie	Director of Finance	1900 Powell Street, 12 th Floor Emeryville, CA 94608-1827
Sharon Hall	Assistant Secretary	1900 Powell Street, 12 th Floor Emeryville, CA 94608-1827
Kari Silverman	Assistant Secretary	1900 Powell Street, 12 th Floor Emeryville, CA 94608-1827

Directors of LFR Inc.

EXHIBIT B

Name

Business Address

François Carretté

3, Avenue du Président Wilson
Paris, France 75116

Alain Thieffry

1900 Powell Street, 12th Floor
Emeryville, CA 94608-1827