

APPLICATION
FOR 94-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # L39575

97 NOV 24 PM 4:20

1. Corporation Name

Govesan America Corporation

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2357 Ventura Drive, #112
Woodbury, MN 55125

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

12/26/89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0161953

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$675 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)

Title(s)	Name of Officers and or Directors	Street Address of Each Officer and or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	San Martin, Lucio, Jr.	Torres Quevedo 7-9, 28100 Alcobendas	Madrid, Spain
VTS	Rodriguez-Maceda, Miguel	2357 Ventura Dr., #112	Woodbury, MN 55125

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11/25/97-01041-004

***1245.00 ***1245.00

REINSTATEMENT

94-97

(Signature)

11/24/97

8. Name and Address of Current Registered Agent

Corporate Information Services, Inc.
1201 Hays Street
Tallahassee, Florida 32301

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee, Florida

State Zip Code

FL 32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0305, F.S.

Signature of Registered Agent

(Signature of Karen B. Rozar)

REGISTERED AGENT MUST SIGN

Date

11-24-97

Karen B. Rozar, As Its Agent

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer, director, the receiver or trustee, authorized to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the corporation 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 that the information furnished 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 correct to the best of my knowledge and belief and has the same legal effect as if made under oath.

SIGNATURE:

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/97

Date

612 731-6330

Calling Phone #