

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **L39575**

1. Corporation Name  
**GOVESAN AMERICA CORPORATION**

**FILED**  
 01 NOV 28 PM 4:26  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2357 VENTURA DRIVE, #112 2357 VENTURA DRIVE, #112  
 WOODBURY MN 55125 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

Suite, Apt. #, etc. Suite, Apt. #, etc.  
 2041-A Wooddale Drive 939 Monocacy Rd  
 City & State City & State  
 Woodbury MN York PA  
 Zip Country Zip Country  
 55125 USA 17404 USA

4. Date Incorporated or Qualified To Do Business in Florida **12/26/1989**

5. FEI Number **65-0161953** 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SAN MARTIN, LUCIO JR.	TORRES QUEVEDO 7-9, 28100 ALCOBE ORO, 76 (Pol. Ind. Sur) 28770	MADRID, SPAIN Calmenar Viejo (Madrid) Spain
VTSS	RODRIGUEZ-MACEDA, L. MIGUEL	<del>2357 VENTURA DRIVE, #112</del> 2041-A Wooddale Drive	<del>WOODBURY MD 55125</del> Woodbury MN 55125

8. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.**  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name **Corporation Service Company**  
 Street Address (P.O. Box Number is Not Acceptable) **1201 Hays Street**  
 Suite, Apt. #, Etc.  
 City **Tallahassee** State **FL** Zip Code **32301**

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 **Brian Courtney** as its agent Date **11-26-01**

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)(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: **RODRIGUEZ-MACEDA** Date **651 731 6330**

CR20040 (8/01)