▲ Tear Here ▲ ▲ Tear Here ▲ ▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT — FLORIDA DEPARTMENT OF STATE — Glenda E. Hood, Secretary of State — DIVISION OF CORPORATIONS

M99000002097

FILED
03 DEC 12 PM 1:1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M99000002097
Name and Mailing Address

0015559 01-MB 0.309 **AUTO T8 0 0615 19047-181021
DEGUSSA FLAVORS & FRUIT SYSTEMS US, LLC
2021 CABOT BLVD. W
LANGHORN PA 19047-1810

2. New Mailing Address: 10311 Chester Road
City, State, Zip: Cincinnati, OH 45215

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida: 12/29/1999

Principal Place of Business: 2021 CABOT BLVD. W, LANGHORN PA 19047

3. New Principal Place of Business Address: 10311 Chester Rd
City, State, Zip: Cincinnati, OH 45215

6. FEI Number: 32-3022084 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (7/03)

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

100025451305
12/12/03--01013--004 **150.00

City: FL Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	~~BONHOFF, ANDREAS~~ Hughes, Kenneth	~~LE PLAN B.P. 82067~~ 1741 Tomlinson Rd	~~GARSSE CEDEX FRANCE 06181~~ Philadelphia, PA 19116
MGRP	MILL, JOHN	1741 TOMLINSON RD.	PHILADELPHIA PA 19116
MGR	~~BAUERNFEIND, JAN~~ Johnston, Julie	~~2021 CABOT BLVD. W~~ 10311 Chester Road	~~LANGHORN PA 19047~~ Cincinnati, OH 45215
MGR	VINOCUR, PETER	23700 CHAGRIN BLVD.	CLEVELAND OH 44122
MGR	FINCH, DONALD	LIEU DIT ST. MARGUERITE	GRASSE FRANCE 06332
		REINSTATEMENT 2003	12/29 MSF

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manage: SIGNATURE REQUIRED — Date 12/4/03 — Daytime Phone # 513 771 4680

Typed or printed name of signing Managing Member/Manager