PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT
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CORPORATION REINSTATEMENT

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

DOCUMENT # P06925

1. Corporation Name

NO RO-BAYWATER HOLDING COMPANY, BV

2. Principal Office Address	3. Mailing Office Address
c/o Van Doorn & Associates b.v.	c/o Van Doorn & Associates b.v. 't Rond 7
Suite, Apt. #, etc. 't Rond 7 3701 HS Zeist P.O. Box 270	Suite, Apt. #, etc. 3701 HS Zeist P.O. Box 270 3700 AG Zeist
City & State 3700 AG Zeist The Netherlands Tel.: +31 (0)30 693 7690 Fax: +31 (0)30 693 7699	City & State The Netherlands Tel.: +31 (0)30 693 7690 Fax: +31 (0)30 693 7699
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 7/30/1985

5. FEI Number 98-0064994 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road

Suite, Apt. #, Etc.

City Plantation State FL Zip Code 33324

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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 [signature] Date 2-22-02

REGISTERED AGENT MUST SIGN JENNIFER F AULTMAN SECRETARY

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
M	Van Doorn & Associates BV	PO Box 270	3700 AG Zeist Netherland
"	Iric A van Doorn PRESIDENT OF VAN DOORN + ASSOCIATES BV	P.O. Box 270	3700 AG Zeist Netherlands
"	Evert Brunekreef CFO OF VAN DOORN + ASSOCIATES BV	P.O. Box 270	3700 AG Zeist Netherlands

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: Evert Brunekreef EB [signature] 2-21-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #