

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-97
REINSTATEMENT



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

APPROVED
AND
FILED

97 OCT 22 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 640197

1. Corporation Name

Sarlon Industries Inc.

Principal Place of Business

Mailing Address

C/O Robert M. McClaskey
2801 Ponce De Leon Blvd #400
Coral Gables, FL 33134 - 6917

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2801 Ponce De Leon Blvd

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

#400

Suite, Apt. #, etc.

SAME

City & State

Coral Gables FL

City & State

SAME

Zip

33134

Country

USA

Zip

SAME

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/1979

5. FEI Number

59-1929034

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)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4	City / State / Zip
1						
PD		Ferster, LE		57 Maxon RD		Punchbowl, Aus N.S.W
D		McClaskey, RM		(#400) Blvd 2801 Ponce De Leon		Coral Gables FL 33134
D		Zins, S		Vicarage 31 Valiant House		LONDON, SW

REINSTATEMENT 96-97
A. Alan
10/22/97

8. Name and Address of Current Registered Agent

Robert M. McClaskey
2801 Ponce De Leon Blvd
Ste #400
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 Robert M. McClaskey

REGISTERED AGENT MUST SIGN

Date Sept 12, 1997

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 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:

Robert M. McClaskey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

14th Oct 1997

Daytime Phone #

CR2E040 (12/96)