

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 24 AM 8:09

DOCUMENT # 823026

1. Corporation Name

CARILLON IMPORTERS LTD

Principal Place of Business

Mailing Address

GLENPOINTE CENTRE WEST
TEANECK NJ 07666-3897

GLENPOINTE CENTRE WEST
TEANECK NJ 07666-3897

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

One PARKER PLAZA
Suite, Apt. #, etc.
Fort Lee, NJ
City & State
07024 USA
Zip Country

One PARKER PLAZA
Suite, Apt. #, etc.
Fort Lee, N.J.
City & State
07024 USA
Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1969

5. FEI Number

13-1576042

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)

1 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
VP	MASSEY, BRUCE	11 BRIARWOOD CT.	WOODCLIFF LAKE NJ
AT	JOHNSON, LESLIE	16600 JEALAM RD.	MINNETONKA MN
PD	ROUX, MICHEL	58 ISLAND ESTATES PKWY	PALM COAST FL
VT	CIRAULO, JERRY C	250 LOTTE RD.	RIDGEWOOD, NJ.

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Permitted)

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

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

11-10-97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/97 (201) 592-5650

CR2E040 (8/97)