

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 NOV 29 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **823610**

1. Corporation Name

**UNITED DISTILLERS USA, INC.**

Principal Place of Business

Mailing Address

6 LANDMARK SQUARE  
5TH FLOOR - CONTROLLERS DEPT.  
STAMFORD CT 06901  
US

6 LANDMARK SQUARE  
5TH FLOOR - CONTROLLERS DEPT.  
STAMFORD CT 06901  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/12/1969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

61-0204580

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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
1	2	3	4
PD	<del>PHILLIPS, CHARLES A</del> <b>PAUL A. CLINTON</b>	SIX LANDMARK SQUARE	STAMFORD CT 06901
SVSD	WIMBUSH, L. KEITH	SIX LANDMARK SQUARE	STAMFORD CT 06901
ASAT	BLEICHFELD, SAMUEL	SIX LANDMARK SQUARE	STAMFORD CT 06901
VP	BROWN, ROBERT	SIX LANDMARK SQUARE	STAMFORD CT 06901
VPT	URICH, WILLIAM	SIX LANDMARK SQUARE	STAMFORD CT 06901
300003491013--0 -12/08/00--01008--027			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

300003491013--0  
-12/08/00--01008--027

\*\*\*750.00 State \*\*\*750.00 Zip Code

FL

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

REGISTERED AGENT MUST SIGN

**EDWARD GWISDALLA**  
Assistant Vice President

Date 11/27/00

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.

KE

SIGNATURE:

**Mary J. Kramer, Asst Secretary**  
Signature and Printed Name of Signing Officer or Director  
**Mary J. Kramer**

10-19-2000

Date

203-359-7134

Daytime Phone #