

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
~~REINSTATEMENT~~



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

2000UBL

FILED

00 NOV -2 AM 11:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **848391**

1. Corporation Name

AMERIBROM INC.

Principal Place of Business

Mailing Address

2115 LINWOOD AVENUE
FORT LEE NJ 07024-5004

2115 LINWOOD AVENUE
FORT LEE NJ 07024-5004



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

03/03/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-2896296

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
C	GRINBAUM, ASHER	BOX 180, BROMINE HOUSE	BEER-SHEVA, ISRAEL
V	TILLMAN, ALLEN	52 VANDERBILT AVE 2115 Linwood Ave	NEW YORK NY Fort Lee NJ 07024
VOF	KOREN, HAIM McKay, Eitan	52 VANDERBILT AVE 2115 Linwood Ave	NEW YORK-NY Fort Lee NJ 07024
S	RODMAN, LEROY E.	260 MADISON AVE.	NEW YORK NY
PD	HOFLAND, WILLEM	52 VANDERBILT AVE 2115 Linwood Ave	NEW YORK NY Fort Lee NJ 07024
D	GEGHT, JOSHNE Ehrlich, Noah	52 VANDERBILT AVE 2115 Linwood Ave	NEW YORK NY Fort Lee, NJ 07024

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 Number is Not Acceptable)	500003473375--3
Suite, Apt. #, Etc.	-11/21/00--01108--001
City	****150.00 ****150.00
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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/00
Date

201-242-6560
Daytime Phone #

CR2E040 (8/00)



AmeriBrom, Inc.

2115 Linwood Avenue, Suite 200
Fort Lee, NJ 07024-5004

Tel: 1 (201) 242-6560 Fax: 1 (201) 242-6561
e - mail: info@AmeriBrom.dsbg.com

2072

October 20, 2000

Department of State
Annual Report
P.O. box 6327
Tallahassee, FL 32314

To Whom It May Concern,

I never received the annual report that is why it was not filed. Therefore, I am filing a reinstatement report at this time and attaching a \$150.00 check.

Thank you,

Robin Greenfield