

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 856746

1. Corporation Name

TNT USA INC.

Principal Place of Business

Mailing Address

200 GARDEN CITY PLAZA  
GARDEN CITY NY 11530

200 GARDEN CITY PLAZA  
GARDEN CITY NY 11530

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/13/1983

5. FEI Number

13-2906902

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VTD	GUNTON, MARK	200 GARDEN CITY PLAZA	GARDEN CITY NY 11530
PD	<del>CLAUDE NOEL, JEAN</del> Jeroen Brabers	<del>200 GARDEN CITY PLAZA</del> Nepturusstraat 41-63, 2132 JA	<del>GARDEN CITY, NY 11530</del> Hoofddorp, The Netherlands
<del>VD</del>	<del>SIEGFRIED, DAVID</del>	<del>200 GARDEN CITY PLAZA</del>	<del>GARDEN CITY NY 11530</del>
VS	LAPONTE, MARY CONWAY	200 GARDEN CITY PLAZA	GARDEN CITY NY 11530
VD	<del>JOHNSMA, THEO</del> /John T. Costanzo	<del>PAASHEWELWEG 6 1105 BH</del> /// 200 Garden City Plaza	<del>AMSTERDAM THE NETHERLANDS</del> Garden City, NY 11530

8. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name 300004154143--9  
-05/09/01--01006--010  
Street Address (P.O. Box Number is Not Allowed) 326.25 \*\*\*326.25  
Suite, Apt. #, Etc.  
City State 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

*Sonyia P. Cordell*  
REGISTERED AGENT MUST SIGN

Date

3/15/01

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)(l), 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:

*Mary Conway LaPorte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/12/01

Daytime Phone #

CR2E040 (8/00)