

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 11 AM 8:26

DOCUMENT # F01000001586

1. Corporation Name

ST IVES (USA) INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400008817444
11/06/02--01018--017 **600.00

Principal Place of Business

Mailing Address

~~2025 MCKINLEY STREET~~
~~HOLLYWOOD FL 33020~~

~~2025 MCKINLEY STREET~~
~~HOLLYWOOD FL 33020~~



REINSTATEMENT

02

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

03/23/2001

Suite, Apt. #, etc.

13449 NW 42ND ave

Suite, Apt. #, etc.

13449 NW 42ND ave

City & State

Miami, FL

City & State

Miami FL

Zip

33054

Country

USA

Zip

33054

Country

USA

5. FEI Number

39-1651325

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
PD	ANGSTROM, WAYNE R	2025 MCKINLEY STREET 13449 NW 42 ND ave	HOLLYWOOD FL Miami, FL 33054
SD	CARUANA, JEANNE	2025 MCKINLEY STREET 13449 NW 42 ND ave	HOLLYWOOD FL Miami, FL 33054
CD	EDWARDS, BRIAN	2025 MCKINLEY STREET 13449 NW 42 ND ave	HOLLYWOOD FL Miami, FL 33054

400008817444
12/11/02--01060--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GROHOWSKI, KENNETH
~~2025 MCKINLEY STREET~~
HOLLYWOOD FL 33020

Name

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

13449 NW 42ND ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33054

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. or 617.0505, F.S.

Signature of
Registered Agent

Kenneth Grohowski
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/02

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.

SIGNATURE:

James M. Caruana, C.F.O.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/02

Daytime Phone #

CR2E040 (8/02)