

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

03 MAR 24 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003590

1. Corporation Name

SSIT NORTH AMERICA, INC.

Principal Place of Business

NORTHLAND PLAZA
3900 WEST 80TH STREET, STE. 1050
MINNEAPOLIS MN 55431

Mailing Address

NORTHLAND PLAZA
3900 WEST 80TH STREET, STE. 1050
MINNEAPOLIS MN 55431

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/2001

5. FEI Number

41-2009692

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	4 City / State / Zip
PO	BONG, JOSEPH ROOP SINGH	ONE NORTH FRANKLIN, STE. 2360	CHICAGO IL 60606
VS	BUCKSKO, DANETTE	ONE NORTH FRANKLIN, STE. 2360	CHICAGO IL 60606
VTS	KRISHNAN, RAM	475 WALL STREET	PRINCETON NJ 08540
CD	SURESH, KALPATHI S	113 SIR THYAGARA ROAD, 1ST FLOOR	CHENNAI, INDIA 600017
V	BROWN, THOMAS	ONE NORTH FRANKLIN, SUITE 2360	CHICAGO IL 60606
V	LADNER, RONALD	210 INTERSTATE NORTH PARKWAY, SU	ATLANTA GA 30039

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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. or 617.0505, F.S.

Andrea Mittyng

Assistant Secretary

Signature of
Registered Agent

Andrea Mittyng

REGISTERED AGENT MUST SIGN

Date 1/6/03

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:

Signature Required
BESSER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/02 952-857-1600

2052

Title	Name	Street Address	City/State/ZIP
P	Roop Singh	Central House 1 Ballards Lane	Finchley, London, N3 1LQ
VTs	Ram Krishnan	1 st Floor Sir Thyagaraya Road T. Nagar	Chennai 600 017, India
CD	Kalpathi S. Suresh	1 st Floor Sir Thyagaraya Road T. Nagar	Chennai 600 017, India
V	Mark Besser	Northland Plaza 3800 W. 809 th St. Ste 1050	Bloomington, MN 55431-4425
V	Ronald Ladner	210 Interstate North Pkwy Ste 100	Atlanta, GA 30039
V	Robert Marchant	210 Interstate North Pkwy Ste 100	Atlanta, GA 30039
D	Kalpathi S. Aghoram	1 st Floor Sir Thyagaraya Road T. Nagar	Chennai 600 017, India