

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 10 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000005480

1. Corporation Name

GANTREX USA INC.

Principal Place of Business

Mailing Address

275 CURRY HOLLOW ROAD
PITTSBURGH PA 15236

275 CURRY HOLLOW ROAD
PITTSBURGH PA 15236



REINSTATEMENT

03

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

10/31/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

25-1895113

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) 12/10/03--01070--001 **750.00

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT P/S/D	AVLON, ART A	275 CURRY HOLLOW ROAD 401 BROWNSVILLE ROAD	PITTSBURGH PA 15236
VCD AST. S	WIDEGREN, STEFAN MARIE, KATHERINE	VIA ITALIA 28 1385 TERRACE DRIVE	20052 MONZA (MI) - ITALY PITTSBURGH PA 15228
S D	HALPERN, RICHARD I POPESCO, OTIONEL	301 GRANT STREET, ONE OXFORD CNT VIA GALVANI 1	PITTSBURGH PA 15210 1-20054 NOVA MILANESE (MI) - ITALY
T D	AVLON, ART A LEVGY, PETER	275 CURRY HOLLOW ROAD PO BOX 64088, RPO 2 ST. CLAIR AVENUE EAST	PITTSBURGH PA 15236 TORONTO ONTARIO M4T 3A1 CANADA
D	WILHELMSSEN, ERIK	124 HATFIELD ROAD	STATESFIELD NC 28825
D	BERNADOTTE, CHRISTIAN	2513 MARLBORO ROAD	CLEVELAND HEIGHTS OH 44118

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

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. or 617.0505, F.S.

Signature of
Registered Agent

Kevin A. Seburnia, Asst Secy
REGISTERED AGENT MUST SIGN

Date 12/5/2003

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:

Katherine M. Marie (KATHERINE M. MARIE)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ASST. SECRETARY

12-1-03

Date

813/264-4197
Daytime Phone #

CR2E040 (7/03)