

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 OCT 28 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000005918

1. Corporation Name

BAUMANN SPRINGS NORTH AMERICA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 410167
CHARLOTTE NC 28241-0167

P.O. BOX 410167
CHARLOTTE NC 28241-0167

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

REINSTATEMENT 07

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/2002

5. FEI Number

56-2302408

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
PTC	SCHAFFLUETZEL, URS	10710 SOUTHERN LOOP BLVD	PINEVILLE NC 28134
CCEO	RUEGG, HANS R	FACTORY AT CH-8734	ERMENSWIL, SWITZERLAND
SD	ZIEGLER, RUDOLF	FACTORY AT CH-8734	ERMENSWIL, SWITZERLAND
AS	CAUDLE, LLOYD C	2600 INTERSTATE TOWER, 121 W TRA	CHARLOTTE NC 28202

400024187504

10/28/03 01011 029 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CIT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Allan Farnell, Vice President

Date 10/22/03

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/03

Daytime Phone #

704-588-2760

CR2E040 (7/03)