

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 JUN 19 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Wilh. Wilhelmsen (USA), Inc.

F03000004532

REINSTATEMENT

2. Principal Office Address - No P.O. Box #

8030 NW 77th Court

Suite, Apt. #, etc.

City & State

Medley, FL

Zip

33167

Country

USA

3. Mailing Office Address

9400 New Century Drive

Suite, Apt. #, etc.

City & State

Pasadena, TX

Zip

77507

Country

USA

200131506752
06/19/08--01039--015 ***458.75
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida 03/06/1991

5. FEI Number
13-5529338

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Stephanie Allison
REGISTERED AGENT

Stephanie Allison
Assistant Secretary

Date 6-17-08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V	Frederick Fonterosa	9400 New Century Drive	Pasadena, TX 77507
C	Colin Hatton	9400 New Century Drive	Pasadena, TX 77507
C	Thomas Flo	9400 New Century Drive	Pasadena, TX 77507

10. 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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO

06/17-08 1713-494-4111

Date

Daytime Phone

206/20