

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL -8 AM 11:39

DOCUMENT # F06000000839

1. Corporation Name

Symrise Inc.

400183057694
07/08/10--01034--004 **1200.00

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

300 North Street

Suite, Apt. #, etc.

3. Mailing Office Address

300 North Street

Suite, Apt. #, etc.

City & State

Teterboro, NJ

City & State

Teterboro, NJ

Zip

07608

Country

USA

Zip

07608

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

July 29, 1994

5. FEI Number
22-1682840

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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 On ASST VP
REGISTERED AGENT MUST SIGN

Date 7/6/10

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
President	Klaus Stanzl	300 North Street	Teterboro, NJ 07608
Treasurer	Peter Steinhoff	300 North Street	Teterboro, NJ 07608
Secretary	Jens Obermueller	300 North Street	Teterboro, NJ 07608

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10. E-mail Address: maricela.lopez@symrise.com

(To be used for future annual report notification)

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. I further certify, 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

06/23/10

Date

973-774-6182

Daytime Phone #