

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F07000006251

1. Corporation Name

Klopotek North America, Inc.

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

2001 Route 46

Suite, Apt. #, etc.

Ste. 203

City & State

Parsippany, NJ

Zip

07054

Country

USA

3. Mailing Office Address

2001 Route 46

Suite, Apt. #, etc.

Ste. 203

City & State

Parsippany, NJ

Zip

07054

Country

USA

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

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

Bernadette McNamara

REGISTERED AGENT MUST SIGN

Bernadette McNamara
Assistant Secretary

Date 1/29/10

M. MILLER
EXAMINER

FEB 23 2010

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
D/P	Ulrich Klopotek von Glowczewski	Schlueterstr. 39	10629 Berlin, Germany
D/S/T	Lisa Jarvis	2001 Route 46, Suite 203	Parsippany, NJ 07054
D	Inge Wilmes	Schlueterstr. 39	10629 Berlin, Germany
D	Gregor Wolf	Schlueterstr. 39	10629 Berlin, Germany
V	Susan Lehrhaupt	2001 Route 46, Suite 203	Parsippany, NJ 07054
V	Karen Tiesling	2001 Route 46, Suite 203	Parsippany, NJ 07054

10. E-mail Address: ames@thiedmannedler.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:

Sarah Ames
Sarah Ames, Assistant Secretary 1/27/2010 312-831-4440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 FEB 22 AM 11:43

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

200170224332
02/23/10--01003--012 **450.00

CR2E081 (11/09)

Addendum to Corporation Reinstatement Application for
Klopotek North America, Inc.
Document No.: F07000006251

Section 9. (continued)

<i>Title</i>	<i>Name of Officers and/or Directors</i>	<i>Street Address of Each Officer and/or Director</i>	<i>City / State / Zip</i>
AS	Sarah Ames	525 W. Monroe Street, Ste. 2360	Chicago, IL 60661