

4/18/2017

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
APM TERMINALS NORTH AMERICA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

RECEIVED
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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

1 of 2 pages

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F1500005458					
1. Corporation Name APM Terminals North America, Inc.					
2. Principal Office Address - No P.O. Box # 9300 Arrowpoint Blvd. Suite, Apt. #, etc.			3. Mailing Office Address P.O. Box 948 Suite, Apt. #, etc.		
City & State Charlotte, North Carolina			City & State Florham Park, New Jersey		
Zip 28273	Country USA	Zip 07932	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 12/11/2015	
5. FRI Number 22-3471729				Applied For Not Applicable	
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				6. CERTIFICATE OF STATUS DESIRED \$8.75 Addition of Fee required for a Certificate of Status	
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 <i>Margaret E. Routzahn</i> MARGARET E. ROUTZAHN Special Assistant Secretary REGISTERED AGENT MUST SIGN Date <u>4/17/17</u>					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P/C	Wim Lagay	Turfmarkt 107		The Hague, Netherlands 2511DP	
T	Kathy Deemer	9300 Arrowpoint Blvd.		Charlotte, NC 28273	
VP/S	Peter Jabbour	5089 McLester Street		Elizabeth, NJ 07207	
D	Jack Craig	Turfmarkt 107		The Hague, Netherlands 2511DP	
D	Ahmed Hassan	Turfmarkt 107		The Hague, Netherlands 2511DP	
10. E-mail Address: <u>David.Launon@maersk.com</u> (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 upon 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.185, F.S.					
SIGNATURE: <i>Kathy Deemer</i> KATHY DEEMER 4-17-2017 1015712590 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Date					

RE 4/20/17