

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 18 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003666

1. Corporation Name

NOL (USA) INC.

Principal Place of Business

Mailing Address

80 GRAND AVE.
SUITE 700
OAKLAND CA 94612

80 GRAND AVE.
SUITE 700
OAKLAND CA 94612

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

15 EXCHANGE PLACE

3. New Mailing Office Address, If Applicable

15 EXCHANGE PLACE

Suite, Apt. #, etc.

JERSEY CITY

Suite, Apt. #, etc.

JERSEY CITY

City & State

NEW JERSEY

City & State

NEW JERSEY

Zip

07302

Country

HUDSON

Zip

07302

Country

HUDSON

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/1993

5. FEI Number

94-3001585

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DC	HARTMANN, ROLF	61 BROADWAY 15 EXCHANGE PLACE	NEW YORK NY 10006 JERSEY CITY, NJ 07302
DP	CHAN, K.K.	80 GRAND AVE #700	OAKLAND CA
DVP	MONGNO, PATRICK	61 BROADWAY 15 EXCHANGE PL JERSEY CITY NEW JERSEY 07302	NEW YORK NY 10006
TS	HARBARTH, MICHAEL V.	80 GRAND AVE., STE. 700	OAKLAND CA 94612
TS	MONGNO, Patrick	15 EXCHANGE PLACE JERSEY CITY, NEW JERSEY 07302	

8. Name and Address of Current Registered Agent

CHARLENE MCGREGOR
2400 EAST COMMERCIAL BLVD #424
CROWN CENTER #300
FORT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name CT CORP
Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND RD
Suite, Apt. #, Etc. 700002691877-4
City FLORATON
Date 11/19/98
State FL
Zip 33334

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.

Signature of
Registered Agent

Connie Bryan
REGISTERED AGENT MUST SIGN

Date 11/18/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Patrick Mongno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/98

Daytime Phone #

201
333-0210

CR2E04G (8/98)