

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 FEB -4 PM 12:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F95000000459

1. Corporation Name

REWICO AMERICA, INC.

Principal Place of Business

420 LEXINGTON AVENUE STE 1701
NEW YORK NY 10170

Mailing Address

420 LEXINGTON AVENUE STE 1701
NEW YORK NY 10170

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/1995

5. FEI Number

13-3489730

APPLIED FOR

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PCD	WINTERBERG, ROLF	279 ELBSTRASSE	HAMBURG, 50 GERMANY
VD	TJETJE, GUSTAV	279 ELBSTRASSE	HAMBURG, 50 GERMANY
SD	HIGGINS, STEVE	UNIT 4, LAKE SIDE TRADING ESTATE	LAKESIDE, ESSEX, U.K.
TD	KRAFFT, JURGEN	279 ELBSTRASSE	HAMBURG 50, GERMANY
V	TEMPLE, DEAN	420 LEXINGTON AVENUE	NEW YORK NY
S	ALESSI, FRANK	420 LEXINGTON AVE	NEW YORK, NY

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

500002078665--B

-02/05/97--01069--003

***915.00 ***915.00

State

Zip Code

FL

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

Karen B. Rozar

REGISTERED AGENT MUST SIGN

Karen B. Rozar, As its Agent

Date

2-4-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Frank Alessi FRANK ALESSI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/28/97 (212) 697-2720

Daytime Phone #

0123040 (7/96)