

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

97 MAR 25 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003770

1. Corporation Name

ASTRA USA, INC.

Principal Place of Business

Mailing Address

50 OTIS STREET  
WESTBOROUGH MA 01581

50 OTIS STREET  
WESTBOROUGH MA 01581



96-97

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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/03/1995

Suite, Apt. #, etc.

900002126369-5

Suite, Apt. #, etc.

City & State

03/27/97-01107-005

5. FEI Number

04-2075445

Applied For

Not Applicable

Zip

Country

Zip

Country

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
CEOP	<del>XXXXXXXXXX</del> Rowley, Ivan	50 OTIS STREET	WESTBORO MA 01581
S	<del>XXXXXXXXXX</del> Sisley, G. William	<del>XXXXXXXXXX</del> Winthrop, Stinson 1 Putnam, 695 E. Main St.	<del>XXXXXXXXXX</del> Stamford, CT 06904
T	NOYES, RICHARD	50 OTIS STREET	WESTBORO MA 01581
D	MOGREN, HAKAN DR	AB ASTRA, S-151 SODERTALJE	SWEDEN
D	WILHELMSSON, CLAES DR	AB ASTRA, S-151 SODERTALJE	SWEDEN
D	JEFFREYS, LOUIS DR	19 OLD OAK DRIVE	WARWICK RI 02886

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
4200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

REINSTATEMENT

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

900002126369-5

03/27/97-01107-007

City \*\*\*\*\*750.00 \*\*\*\*\*750.00

State

FL

Zip

025/97

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the provisions of Section 607.0505, F.S.

Signature of  
Registered Agent

Barbara A Burke

BARBARA A. BURKE  
SPECIAL ASSISTANT SECRETARY

Date

3/21/97

REGISTERED AGENT MUST SIGN

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:

Richard B. Noyes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (7/96)