PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96 REINSTATEMENT

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

APPROVED AND FILED

96 NOV 25 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95 D00006108

1. Corporation Name

CSA NORTH AMERICA, INC.

Principal Place of Business	Mailing Address
8350 N.W. 52nd TERRACE SUITE 400 MIAMI, FL 33166	8350 N.W. 52nd TERRACE SUITE 400 MIAMI, FL 33166

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: DECEMBER 14, 1995

5. FEI Number: 31-1446286 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

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
C/P/T	J.J. SUAREZ	5400 DUPONT CIRCLE SUITE E	MILFORD, OHIO 45150
V/D	JOSE E. CUSTODIO	MERCANTIL PLAZA MEZZANINE SUITE	HATO REY, PUERTO RICO 00918
S	GINGER LIPPMEIER-SUAREZ	839 COUNTRY CLUB DR.	CINCINNATI, OHIO 45245

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REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

DIEGO E. HERNANDEZ
8350 NW. 52nd TERRACE, SUITE 400
MIAMI, FL 33166

9. Name and Address of New Registered Agent 11-25-96

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (11/95)

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: Diego E. Hernandez — REGISTERED AGENT MUST SIGN

Date: 11/20/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: J.J. Suarez — 10/29/96 — (513) 248-7682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #