

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -3 PM 2: 09

DOCUMENT # F96000001929

1. Corporation Name

BISGAYNE SILVER, INC.

Principal Place of Business

9700 COLLINS AVE
BAL HARBOUR FL 33154
US

Mailing Address

373 PARK AVE S
NEW YORK NY 10018
US

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

04/18/1996

5. FEI Number

52-1972294

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	4 City / State / Zip
C	BORLETTI, MAURIZIO	373 PARK AVE. SOUTH	NEW YORK NY
CP	IRAZABAL Y AZQUETA, XAVIER DE	363 PARK AVE. SOUTH	NEW YORK NY
DV	CHAUNU, THIERRY	373 PARK AVE. SOUTH	NEW YORK NY
S	BERNSTEIN, RICHARD K	551 MADISON AVE.	NEW YORK NY 10022
T	MCGOWAN, DAVID	373 PARK AVE. SOUTH	NEW YORK NY
DV	JEAN-MARC GALLOT	373 PARK AVE. SOUTH	NEW YORK, NY 10016

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
528 E. PARK AVE.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Julma M. Rowan
REGISTERED AGENT MUST SIGN

Date 10-27-99

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean-Marc Gallot

10/22/99

Date

212-683-4616

Daytime Phone #

Christofle

Tel. 212.683.4616

Fax 212.686.1369

BISCAYNE SILVER, INC. is a subsidiary of CHRISTOFLE SILVER, INC.

October 25, 1999

Florida Department of State
Annual Report/Reinstatement Section
P.O. BOX 6327
Tallahassee, FL 32314-6327

RE: FEI # 52-1972294

To Whom It May Concern:

I have just received a Notice of Administrative Dissolution or Revocation. It states that two attempts have been made to notify the corporation that an annual report must be submitted. We have not received either one of those two notifications. I'm not clear as to how this could have happened. I am attaching the reinstatement application with a check for \$150.00. If you have any questions please call me at 212-683-4616 ext. 24.

Thank you,



Charul Desai
Assistant Controller