

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # f96000004135

1. Corporation Name

Greiner America, INC

2. Principal Office Address

1205 Sarah St.

Suite, Apt. #, etc.

Ste # 141

City & State

Longwood, FL

Zip

32750

Country

USA

3. Mailing Office Address

1205 Sarah St.

Suite, Apt. #, etc.

Ste # 141

City & State

Longwood, FL

Zip

32750

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/12/1996

5. FEI Number

51-0366625

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marcellene Kinsey

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

337 Green Ash Lane

Suite, Apt. #, Etc.

City

Sanford

State
FL

Zip Code

32771

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/19/2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Hock, Wolfgang	GMBH, Maybachstrabe D-7443	Frickenhhausen, Germany
CO	Schmid, Heinz	GMBH, Maybachstrabe D-72636	Frickenhhausen, Germany
D	DeSutter, Timothy	204 Norris Place	Casselberry, FL 32707
V	LaGattuta, Peter	1519 Nottingham Drive	Naples, FL 34109

7000009145917

11/21/02--01022--013 **150.00

10. 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter LaGattuta 11/19/02

Date

Daytime Phone #

407.333.2800

CR2E081 (9/01)

226²



greiner bio-one

1205 Sarah St.
Suite 141
Longwood, FL 32750
USA

800.884.4703
407.333.2800
407.333.3001 (fax)

November 19, 2002

Division of corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

Please find the attached the Corporation Reinstatement Form to reinstate our company as doing business in Florida and a check in the amount of \$150.00 for the renewal fees. We did not receive any previous notifications; therefore, we are asking you to wave any other fees.

Sincerely,

Marcellene Kinsey
Registered Agent/
Controller

Charter Number Only

VALIDATION ONLY

Requestor's Name
Address
City State ZIP Phone

CORPORATION(S) NAME

Greiner America, INC.

RECEIVED
02 NOV 21 AM 10:03
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- | | | |
|---|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> After 4:30 | <input type="checkbox"/> Mail Out |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |


Empire Toll Free: 1-800-432-3028

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier