

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

FILED

03 MAR 17 PM 4:15

SEC. CLERK, FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # F97000000203

1. Corporation Name

VINTEN INC.

Principal Place of Business

709 EXECUTIVE BLVD.
VALLEY COTTAGE NY 10989

Mailing Address

709 EXECUTIVE BLVD.
VALLEY COTTAGE NY 10989

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/1997

5. FEI Number

11-2800192

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
P	DENICOLA, MIKE	709 EXECUTIVE BLVD.	VALLEY COTTAGE NY 10989
TD	PISCITELLI, NICHOLAS	709 EXECUTIVE BLVD.	VALLEY COTTAGE NY 10989
S	MARTELL, MICHAEL L	521 5TH AVE., 22ND FLOOR	NEW YORK NY 10175
VDC	BAGGOTT, MALCOLM A	21 LONDON END, THE MALT HOUSE	BEACONSFIELD BUCKINGHAMSHIRE

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. or 617.0505, F.S.

Signature of
Registered Agent

Cynthia L. Harris
Cynthia L. Harris
as its agent
REGISTERED AGENT MUST SIGN

Date

3/17/03

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)



Patricia

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 958970 4300002

AUTHORIZATION :

COST LIMIT : \$ 900.00

Patricia Project

ORDER DATE : March 7, 2003

ORDER TIME : 10:06 AM

ORDER NO. : 958970-025

CUSTOMER NO: 4300002

CUSTOMER: Ruth E. Silva, Legal Asst
Abberley Kooiman LLP
521 Fifth Avenue
Suite 2200
New York, NY 10175

REINSTATEMENT

RECEIVED

03 MAR 17 PM 12:14

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

VINTEN INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS _____