PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 MAR 18 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000002656

1. Corporation Name
Sisu North America, Inc.

Principal Place of Business
415 E. Dundee Street
Ottawa, Kansas 66067

Mailing Address
415 E. Dundee Street
Ottawa, Kansas 66067

REINSTATEMENT

98-99 AD

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

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

5. FEI Number
58-1730881
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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Dir/ Pres	Jorma Tirkkonen	415 E. Dundee Street	Ottawa, Kansas 66067
Dir	Raimo Ylivakeri	FIN-33101	Tampere, Finland
Dir	Christer Granskog	Sornaisten rantatie 23 FIN-00501	Helsinki, Finland
Sec	Tom Leitnaker	415 E. Dundee Street	Ottawa, Kansas 66067

700002814758--6
-03/23/99--01024--013
****900.00 ****900.00

8. Name and Address of Current Registered Agent
Summanen, Sirkka
777 Brickell Avenue, Suite 640
Miami, FL 33131

9. Name and Address of New Registered Agent
Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): c/o CT Corporation System
Suite, Apt #, Etc: 1200 South Pine Island Rd
City: Plantation State: FL Zip Code: 33324

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: Connie Bryan, Connie Bryan Spec. Asst. Secy. Date: 3/18/99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: [signature] Jorma Tirkkonen, President (785) 242-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 MAR 18 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S22316

1. Corporation Name

QUIKLAB MULTIMEDIA CENTERS, INC.

Principal Place of Business | Mailing Address

2121 W. OAKLAND PK. BLVD.
SUITE 8
FT. LAUDERDALE, FL 33311

REINSTATEMENT 98-99

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

5. FEI Number 65-0239031 | 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESIDENT & C.E.O.	DAVID BAWARSKY	2121 W. OAKLAND PK BLVD SUITE 8	FT. LAUDERDALE, FL 33311

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-03/23/99--01024--012
****900.00 ****900.00

8. Name and Address of Current Registered Agent

DAVID BAWARSKY
2121 W. OAKLAND PARK. BLVD
SUITE 8
FT. LAUDERDALE, FL 33311

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

CR2E081 (12/98)

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: [signature] REGISTERED AGENT MUST SIGN   Date 3/17/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99 Date   954-735-2300 Daytime Phone #