

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F97000006368

1. Corporation Name

CLAXON, INC.

Principal Place of Business

23 WATTS STREET, FLOOR 6  
NEW YORK NY 10013

Mailing Address

23 WATTS STREET, FLOOR 6  
NEW YORK NY 10013

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

12/03/1997

5. FEI Number

13-3508513

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
P	SANTAMBROGIO, GIORGIO	CORSO DI PORTA	ROMANA 60 ITALY
VS	PEDRINI, LORENZO	VIA GRIGNA 7	20155 MILANO ITALY
T	ROBERTI, PAOLO	CORSO DI PORTA VITTORIA 56	20122 MILANO ITALY

8. Name and Address of Current Registered Agent

STINSON, ELEANOR  
209 9TH STREET  
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

ELEANOR STINSON

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

C/O NEXT 1688 MERIDIAN AVENUE (800)

Suite, Apt. #, Etc.

City MIAMI BEACH

State  
FL

Zip Code  
33139

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

*Eleanor Stinson*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11/18/98

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)(l), 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

Date

Daytime Phone #

FILED

98 DEC -7 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 98

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-12/11/98-01022-0148  
\*\*\*\*108.75 \*\*\*\*236.05

CR25042 (9/98)