

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
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

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

12/03/1997

5. FEI Number

13-3506513

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	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
			000003069600--9
			-12/14/99--01080--014
			****708.75 ****236.25

8. Name and Address of Current Registered Agent

STINSON, ELEANOR
% NEXT 1688 MERIDIAN AVENUE (800)
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name David Luis Santos
Street Address (P.O. Box Number is Not Acceptable)
c/o Next Management
Suite, Apt. #, Etc.
1688 Meridian Ave (800)
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

David Luis Santos

REGISTERED AGENT MUST SIGN

Date

10/31/99

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

Santambrogio, Giorgio

Date

11/18/99

Daytime Phone #

212-925-5100