

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 27 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *F97000006368*

1. Corporation Name

Claxon, Inc.

2. Principal Office Address

23 Watts St.

Suite, Apt. #, etc.

City & State

NY, NY

Zip

10013

Country

USA

3. Mailing Office Address

same as #2

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

12/3/97

5. FEI Number

13-3508513

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

David Santor

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

Next Management

Suite, Apt. #, Etc.

1688 Meridian Avenue (800)

City

Miami Beach

State

FL

Zip Code

33139

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

David Luis Santor

Date

12/18/01

REGISTERED AGENT MUST SIGN

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	<i>Santambrogio, Giorgio</i>	<i>Corso di Porta Romana 60, Italy</i>	<i>Roma, Italy</i>
VS	<i>Pedini, Lorenzo</i>	<i>26 Chesham Place</i>	<i>London England SW7</i>
T	<i>Roberti, Paolo</i>	<i>Corso di Porta Vittoria 56</i>	<i>20122 Milano, Italy</i>

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Giorgio Santambrogio *12/17/01*

212-725-5100

CR2E081 (9/00)