

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -8 PM 5:19



REINSTATEMENT

02

DOCUMENT # **F98000000628**

1. Corporation Name

NORSK HYDRO AMERICAS, INC.

Principal Place of Business

100 NORTH TAMPA ST.
SUITE 3350
TAMPA FL 33602

Mailing Address

100 NORTH TAMPA ST.
SUITE 3350
TAMPA FL 33602

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

02/02/1998

5. FEI Number

13-1601439

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
PD	GULLBERG, ODD	100 N. TAMPA ST. - STE 3350	TAMPA FL 33602
S	HUBNER, KAREN	12022 NICKLAUS CIRCLE	TAMPA FL
T	LOHK, PETER	933 SEDDON CORE WAY	TAMPA FL
D	CARNES, DAVID REITEN, EIVIND	BYGDOY ALLE 2 BYGDOY ALLE 2	0303 OSLO NORWAY N-0240 OSLO, NORWAY
D	SORBOTTEN, AUDUN	OTTO VALSTADSVEI 18 B	1364 HVALSTAD NORWAY
D	HAFSETT, IVAR RAIMONDI, J.C.	CHEMIN DE LA CURE 57 ROUTE DE CHAVANNES 31	CH-1008 JOUSTENS-MEZERY SWIT CH-1007 LAUSANNE, SWIT

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
Zip Code

300003510703--3
-12/21/00--01074--001
****750.00 ****750.00
FL

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 *Deborah D. Skipper* **Deborah D. Skipper**
as its agent

Date 12-7-00

REGISTERED AGENT MUST SIGN

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:

Peter Lohk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/23/00 (813) 222-5775
Daytime Phone #