العبر محسدة

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

F99000004425

1. Corporation Name

SEZ AMERICA, INC.

FILED

02 MAR 18 PM 3:39

SECHETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business 38*		1
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4024 SOUTH 40TH STREET		
B118 B101 1 B 888 18		
PHOENIX AZ 85040		

Mailing Address 4829 S. 381 Street 4829 S. 381 Street PHOENIX AZ 85040

If above a	ddresses are	incorrect in any way, line thro	ough incorrect ir	nformation and enter	correction below.	REINS	TATEMEN	MO1-02	
New Principal Office Address, If Applicable 3. New Mail		ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 08/26/1999					
Suite, Apt. #, etc Suite, Apt. #		Suite, Apt. #,	ŧ, etc.		5. FEI Number		Applied For		
City & State)		City & State			36-3716207		Not Applicable	
Zip		Country	Zip	l Country		6.	6		
		Country	Zip	Countr	у			3.75 Additional Fee required for a Certificate of Status	
7. Names a	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprofit corpore	ations must list at lea	st 3 directors)		N	
Title(s)	2	Name of Officers and/or Directors		1	Street Address of Each Officer and/or Director City / State / Zip		State / Zip		
*/	BAUMANI Tam	n, DONALD P es Mello		4824 SOUTH 40TH STREET - 4829 South 38th Street		PHOENIX AZ 85040			
ν	JONES, S	USAN F		4824 SOUTH 40TH STREET 4829 South 38th Stre			PHOENIX AZ 85040		
٧	V KRAMMER, WOLFGANG 4824 SOUTH 40TH STREET Herwig Petchnia 4829 South 3				16 stroot	PHOENIX AZ 85040 Phoenix AZ	2 85040		
S		NN, KLAUS		30 SOUTH WAC	CKER DRIVE, SUIT	TE 281	CHICAGO IL 60606		
		·				80	0005182 -04/02/020		
							*****300 . 00	****900.00	
8. Name and Address of Current Registered Agent				9. Name and A	ddress of New Registered	Agent			
				Name Name					
NRAI SERVICES, INC.									
526 EAST PARK AVENUE				Street Address (P	'.O. Box Number i	is Not Acceptable)			
				Suite, Apt. #, Etc.					

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

Zuenam. Howarth - Asst Secur

Date 3-26-07

State

Zip Code

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

3/22/02 602-549-1512

Daytime Phone #