

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -7 PM 2:07

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 619231

1. Corporation Name  
Tersit-USA, Inc.

2. Principal Office Address  
1151 North Orange Avenue

Suite, Apt. #, etc.

City & State  
Winter Park, Florida

Zip Country  
32789 Orange

3. Mailing Office Address  
1151 North Orange Avenue

Suite, Apt. #, etc.

City & State  
Winter Park, Florida

Zip Country  
32789 Orange

**REINSTATEMENT 02-05**

4. Date Incorporated or Qualified  
To Do Business in Florida 1/19/1983

5. FEI Number  
59-2244219

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Aaron J. Gorovitz

Street Address (P.O. Box Number is Not Acceptable)  
215 North Eola Drive

Suite, Apt. #, Etc.

City  
Orlando

State Zip Code  
FL 32801

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

REGISTERED AGENT MUST SIGN

Date 3/3/05

**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
VPT	Rita Bornstein	116 Tomoha Trail	Longwood, Florida 32779
PD	David Bornstein	1107 Shady Run Lane	Maitland, Florida 32751
D	Daniel Walicz	1151 North Orange Avenue	Winter Park, Florida 32789
D	Ronit Ganor	1151 North Orange Avenue	Winter Park, Florida 32789

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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

3/3/05  
Date

407 9370388  
Daytime Phone #

CR2E031 (01/05)