

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G32736**

1. Corporation Name

**MIRROR OF SWEDEN, INC.**

Principal Place of Business

Mailing Address

~~O/R KPMG PEAT MARWICK & ATTN SEAN MENENDEZ~~  
110 E. BROWARD BLVD.  
FT. LAUDERDALE FL 33301

~~R/O KPMG PEAT MARWICK & ATTN SEAN MENENDEZ~~  
110 E. BROWARD BLVD.  
FT. LAUDERDALE FL 33301

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
c/o KPMG Peat Marwick LLP  
Suite, Apt. #, etc.

Attn: Sean Menendez  
City & State 110 E. Broward Blvd.  
Ft. Lauderdale

Zip Country  
33301 U.S.A.

3. New Mailing Office Address, If Applicable  
c/o KPMG Peat Marwick LLP  
Suite, Apt. #, etc.

Attn: Sean Menendez  
City & State 110 E. Broward Blvd.  
Ft. Lauderdale

Zip Country  
33301 U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/12/1983

5. FEI Number

59-2352362

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
CPD	BLUM, HANS	OSKARSTROM	OSKARSTROM, SWEDEN
ST	BORGRING, JAN	EROLZHEIM	W. GERMANY

300002069593--5  
-01/28/97--01028--013  
\*\*\*\*400.00 \*\*\*\*400.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SEAN MENENDEZ c/o KPMG PEAT MARWICK LLP~~  
~~ATTN TOM BARTELACK~~  
110 EAST BROWARD BLVD.  
FT. LAUDERDALE FL 33301

Name  
Hans Blum  
Street Address (P.O. Box Number is Not Acceptable)  
c/o KPMG Peat Marwick LLP, Attn: Sean Menendez  
Suite, Apt. #, Etc.  
110 E. Broward Blvd.  
City Ft. Lauderdale, State FL Zip Code 33301

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

REGISTERED AGENT MUST SIGN

Date December 17, 1996

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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

HANS BLUM

December 17, 1996

Date

Daytime Phone #

+46 35 60400