

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

VITA ADVANCED FOAM PRODUCTS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$908.75

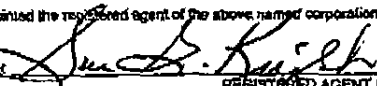
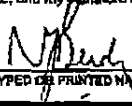
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		09 MAR 19 PM 1:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 438761					
1. Corporation Name Vita Advanced Foam Products, Inc.					
2. Principal Office Address - No P.O. Box # 2215 Shore Street		3. Mailing Office Address 2215 Shore Street		CR2ED81 (12/08)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 12/20/89	
City & State High Point, NC		City & State High Point, NC		5. FEI Number 892980936 Applied For Not Applicable	
Zip 27263	Country USA	Zip 27263	Country USA	6. CERTIFICATE OF STATUS DESIRED ☒ \$5.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Corporation Service Company					
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street					
Suite, Apt. #, Etc.					
City Tallahassee		State FL	Zip Code 32301		
8. I, being appointed the registered agent of the above named corporation, am familiar with and so certify that the corporation is in good standing under the laws of the State of Florida, Chapter 607, F.S. or 617, F.S.					
Signature of Registered Agent 		Sue G. Knight as its agent		Date 3-19-09	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
Pres.	John Lancaster Oliver	Times Place, 45 Pall Mall		London, SW1Y5JG, England	
Sec'y	Nicholas James Burley	Times Place, 45 Pall Mall		London, SW1Y5JG, England	
10. I certify that I am an officer or director of 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 contained in Chapter 119, 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:  Nicholas James Burley		19 March 2009		+44(0) 20 7440 2280	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

REINSTATEMENT 08-09

3/19