

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 DEC 12 PM 3: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

*Handwritten initials*

DOCUMENT # L85207

1. Corporation Name

REUNION STUART, INC.

Principal Place of Business

C/O DAVID M. KUCHINOS  
4000 FOUR PENN CTR  
PHILADELPHIA PA 19103  
US

Mailing Address

C/O DAVID M. KUCHINOS  
ONE LOGAN SQUARE  
PHILADELPHIA PA 19103  
US

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

2. New Principal Office Address, If Applicable

One Logan Square  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip  
19103-6998

Country

Zip  
19103-6998

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/05/1990

SP

5. FEI Number

23-2612494

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 3	City / State / Zip 4
DP	<del>PARRACK, LINDA R</del> Julia R. Church	HELVETIA CT., S. ESPLANADE	ST. PETER PORT, <del>GUERNSEY</del> UK Guernsey
DT	<del>APPLETON, LOUIS A</del> Christopher P. Mountford	HELVETIA CT., S. ESPLANADE	ST. PETER PORT, GUERNSEY UK
D	<del>LAIN, STEPHEN ANDREW</del> Philip J. Glanfield	<del>HOUCUE PERE HOUSE</del> The Willows, Nocq Road	<del>VALE, GUERNSEY</del> St. Sampsons, Guernsey UK
S	GREEN, RICHARD W	HAMSLEY COTTAGE, RUE COHU	CASTEL GU
<p>9000003514529--2 -12/27/00--01064--005 ****750.00 ****750.00</p>			

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Handwritten signature of Margaret E. Routzahn*

MARGARET E. ROUTZAHN

Date

10/17/00

REGISTERED AGENT MUST SIGN

Special Assistant Secretary

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:

*Handwritten signature of J. R. Church*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. R. CHURCH, DIRECTOR

27/11/00

Date

00 44 1481 713788

Daytime Phone #

713788