

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 NOV - 1 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M85449**

1. Corporation Name

**PETRO SUISSE (U.S.), INC.**

Principal Place of Business

Mailing Address

**P-C-T CORPORATION SYSTEM  
6751 W. BROWARD BLVD.  
PLANTATION FL 33324**

**P-C-T CORPORATION SYSTEM  
6751 W. BROWARD BLVD.  
PLANTATION FL 33324**

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

**REINSTATEMENT 96ad**

2. New Principal Office Address, If Applicable <b>C/O C T Corporation</b> Suite, Apt. #, etc. <b>system</b> <b>1200 S. Pine Island Road</b> City & State <b>Plantation, Florida</b> Zip <b>33324</b> Country		3. New Mailing Office Address, If Applicable <b>C/O C T Corporation System</b> Suite, Apt. #, etc. <b>1200 S. Pine Island Road</b> City & State <b>Plantation, Florida</b> Zip <b>33324</b> Country	
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4. Date Incorporated or Qualified To Do Business in Florida <b>08/08/1988</b>	
5. FEI Number <b>22-2807888</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>Set 1</b>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<b>D</b>	<b>SMITH, NORMAN BURTON</b>	<b>PO BOX 34478 N/A</b>	<b>BETHESDA MD 20854</b>

**500001997905--8**  
**11/06/96--01083--018**  
**\*\*\*375.00 \*\*\*375.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b> Zip Code

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 By: **Marilyn Lizzio** **REGISTERED AGENT MUST SIGN**

Date **10/22/96**

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.)

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)(l), 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:

**NORMAN BURTON SMITH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**NORMAN BURTON SMITH**

**10/15/96**  
Date

**301 963-4410**  
Daytime Phone #

CR2040 (7/96)