

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 # M88900

1. Corporation Name

THOMSON NEWSPRINT INC.

Principal Place of Business

* THOMSON NEWSPRINT, INC.
1 STATION PLACE
STAMFORD CT 06902

Mailing Address

METRO CTR. ONE STATION PL
6TH FLOOR
STAMFORD CT 06902
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida

06/30/1988

5. FEI Number

59-2805562

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	HARRINGTON, R.J.	ONE STATION PL	STAMFORD CT
V	YULES, SUSAN CHREIN	ONE STATION PL	STAMFORD CT
SRVP	HAY, THOMAS	ONE STATION PLACE	STAMFORD CT
VP	ILAW, LESLIE	ONE STATION PL	STAMFORD CT
DVP	Harris, Michael	One Station Pl	Stamford, CT

8. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300002786353-6

02/24/93-01110-003

***150.00 ***150.00

300002786353-6

02/24/93-01110-004

***750.00 ***750.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.09.

Signature of Registered Agent

Mary Jo Kerry, Asst. Vice President
REGISTERED AGENT MUST SIGN

Date 12/28/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

Leslie Nam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/98

203-328-9400

Date

Daytime Phone #

CR70640 (9/98)