

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N99000007009

1. Corporation Name

SOUTH AFRICA USA CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

ONE FINANCIAL PLAZA, 22ND FLOOR  
100 S.E. 3RD AVE.  
FT. LAUDERDALE FL 33394

ONE FINANCIAL PLAZA, 22ND FLOOR  
100 S.E. 3RD AVE.  
FT. LAUDERDALE FL 33394

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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/24/1999

5. FEI Number

65-0978538

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D. President	Bernhard Schutte	ONE FINANCIAL PLAZA 22nd FL 100 SE 3rd Ave Ft. Lauderdale.	Ft LAUDERDALE FL 33394
D. Secretary	Marina Haralambous	ONE FINANCIAL PLAZA 22nd FL 100 SE 3rd Ave Ft. Lauderdale	Ft Lauderdale FL 33394
D. Treasurer	Michael Ebedes	Grant Thornton LLP 2700 S. Commerce Parkway Suite 300	Weston FL 33331-3621

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHUTTE, BERNHARD T  
ONE FINANCIAL PLAZA, 22ND FLOOR  
100 S.E. 3RD AVE.  
FT. LAUDERDALE FL 33394

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

REGISTERED AGENT MUST SIGN

Date

11/15/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/00

Date

(954) 333-7777

Daytime Phone #

FILED

00 NOV 20 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

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CR2E040 (8/00)