

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

96 DEC 31 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01565

1 Corporation Name

KELVAST B.V., INC.

Principal Place of Business

Mailing Address

W.A.O. LEERDAM
166 LOOKOUT PLACE SUITE 100
MAITLAND FL 32751

4902 EISENHOWER BLVD.
SUITE 380
TAMPA FL 33634
US

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

2 New Principal Office Address, If Applicable
4902 Eisenhower Blvd.

3 New Mailing Office Address, If Applicable

4 Date Incorporated or Qualified
To Do Business in Florida

04/11/1984

Suite, Apt. #, etc.
Suite 380

Suite, Apt. #, etc.
Suite 380

City & State
Tampa, FL

City & State

Zip
33634

Country
USA

Zip

Country

5 FEI Number

98-0068976

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BESSEM, HERMAN	MAURITSKADE 5	THE HAGUE TH
A	LEERDAM, A.C. ATTNY.	166 LOOKOUT PLACE, SUITE 100	MAITLAND FL 32751

200002046152--9
-01/06/97--01003--007

***375.00 ***375.00

REINSTATEMENT

12/31/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEERDAM, A.C.
166 LOOKOUT PLACE SUITE 100
MAITLAND FL 32751

Name
FELD AMERICAN MANAGEMENT, INC.
Street Address (P.O. Box Number is Not Acceptable)
4902 Eisenhower Boulevard
Suite, Apt. #, Etc.
380
City
Tampa
State
FL
Zip Code
33634

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 11/19/96

11. 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.)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/19/96

011-31-70-3647300
Daytime Phone #