CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 8: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P15407*

1. Corporation Name

Gallard-Schlesinger Industries, Inc.

2. Principal Office Address
245 Newtown Road

Suite, Apt. #, etc.
Ste. 305

City & State
Plainview, NY

Zip *11803* Country *USA*

3. Mailing Office Address
245 Newtown Road

Suite, Apt. #, etc.
Ste. 305

City & State
Plainview, N.Y.

Zip *11803* Country *USA*

02-03

4. Date Incorporated or Qualified To Do Business in Florida *7-30-1987*

5. FEI Number *11-1768628* ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

3000249749303
11/24/03--01046--021 **150.00

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

Suite, Apt., Etc.

3000249749303
11/24/03--01046--022 **750.00

City *Plantation*   State *FL*   Zip Code *33324*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____   STEPHEN ADAMO ASSISTANT SECRETARY   Date *10/6/03*

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP/T	J. Jelle Westra	245 Newtown Rd	Plainview NY 11803
VP	Doug Lim	245 Newtown Rd.	Plainview NY 11803
P	Christian Kohlpaintner	245 Newtown Rd.	Plainview NY 11803
A/S	Guenther Ammann	245 Newtown Rd.	Plainview NY 11803
D	Karlheinz Dorn	245 Newtown Rd.	Plainview NY 11803
D	Hans L. Schlesinger	245 Newtown Rd.	Plainview NY 11803

10. 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: _____   Jelle Westra   *10/2/3*   *516-683 6901*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #