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
1996 NOV 25 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P19592

1. Corporation Name
DEFA NORTH AMERICA A/S, INC.

Principal Place of Business	Mailing Address
SANDVIKSVEIEN 183. N-1300 SANDVIKA. NORWAY	SANDVIKSVEIEN 183. N-1300 SANDVIKA. NORWAY

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

REINSTATEMENT 96P19592

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3075 WINDSOR Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FL	City & State
Zip: 33434 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/09/1988

5. FEI Number: 65-0056853 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
M	EIDSVIG, TERJE	OLAV AUKRUSTSVEI 49	NORWAY

300002014333--2
-11/26/96--01099--016
*****375.00 *****375.00

8. Name and Address of Current Registered Agent

THOMAS, FRED W.
1655 PALM BEACH LAKES BLVD.
SUITE 600
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Ne
St
St
Ci

CT Corporation System
1200 South Pine Island Rd.
Plantation, FL 33324

CR2E040 (7/96)

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: CT Corporation System E.H. Wallace SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Asst Secretary

Date: 11-22-96

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-9-96
Date

+4767846 00
Daytime Phone #