

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P22896**

1. Corporation Name

METALOR U.S.A. REFINING CORPORATION

Principal Place of Business

255 JOHN L DIETSCH BLVD
N. ATTLEBOROUGH MA 02761-0255
US

Mailing Address

P O BOX 255
N. ATTLEBOROUGH MA 02761-0255
US



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/1989

5. FEI Number

22-2947470

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DST	HADERMAGHER, URS <i>deHaller, Serge</i>	AVENUE DU VIGNOLE, CH-2009	NEUCHATEL SW
VD	MOOIMAN, MICHAEL	255 JOHN L. DIETSCH BLVD.	N. ATTLEBORO MA 02761
DT	HANS-JURG, SCHAR	AVE DU VIGNOLE CH-2009	NEUCHATEL, SWITZERLAN
SD	EMERY, PAUL <i>Held, Roland</i>	AVE. DU VIGNOLE CH-2009	NEUCHATEL, SW
CFO	ARMENIO, FRANK <i>Casey, John</i>	255 JOHN L. DIETSCH BLVD.	N. ATTLEBORO MA 02761
			600024220656 10/28/03--01092--002 **758.75

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

TRACI HOUCK
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

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

Date

10/20/03 (508) 699-8800
Daytime Phone # X306

CR2E040 (7/03)