

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 DEC 18 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P35570**

1 Corporation Name

**NAMROG U.S., INC.**

Principal Place of Business

**95 St. Clair Ave. West  
Suite 1102  
Toronto, Ontario, Canada  
M4V 1N6**

Mailing Address

**95 St. Clair Ave West  
Suite 1102  
Toronto, Ontario, Canada  
M4V 1N6**

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

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable

3 New Mailing Address, If Applicable

4 Date Incorporated or Qualified  
To Do Business in Florida

**02/04/85**

Suite, Apt. #, etc

Suite, Apt. #, etc

5 FEI Number

**98-0069610**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Harry Gorman	1102-95 St. Clair Ave West	Toronto, Ontario, Canada M4V 1N6
S/D	Ralph Soberano	1102-95 St. Clair Ave West	Toronto, Ontario, Canada M4V 1N6

600002033656--0  
-12/19/96--01037--006  
\*\*\*\*775.00 \*\*\*\*775.00

8. Name and Address of Current Registered Agent

**C.T. Corporation System  
1200 S. Plantation Pine Island Road  
Plantation, Florida  
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.

Signature of  
Registered Agent

*Ann Marie Cummins*

REGISTERED AGENT MUST SIGN

Date **12/11/96**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

*Joe Gas*

Date

Daytime Phone #

**Dec. 5/96 415-968-7644**

CR2040 (12/95)