

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

98 SEP 18 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P20884**

1. Corporation Name

Michelin Corporation

**WAB0000021299**

Principal Place of Business

One Parkway South  
Greenville, SC 29615

Mailing Address

Post Office Box 19067  
Greenville, SC 29602

**REINSTATEMENT 97-98**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/30/91	
City & State		City & State		5. FEI Number	
Zip		Zip		13-5532659	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	Eric Bourdais de Charbonniere	c/o One Parkway South	Greenville, SC 29615
D	Paul A. Leperq	c/o One Parkway South	Greenville, SC 29615
D/P	Jean-Louis Moulin	c/o One Parkway South	Greenville, SC 29615
V	James M. Micali	One Parkway South	Greenville, SC 29615
T/AS	Philippe Biendel	c/o One Parkway South	Greenville, SC 29615
S	James P. Conroy	156 West 56th Street	New York, NY 10019

8. Name and Address of Current Registered Agent

CT Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

9. Name and Address of New Registered Agent

Name **600002642076-4**  
Street Address (P.O. Box Number is Not Applicable) **-09/17/98-01054-012**  
Suite, Apt. #, Etc. **\*\*\*\*150.00 \*\*\*\*750.00**  
City **600002642076-4**  
State **-09/22/98 State 01244-001**  
Zip **\*\*\*\*150.00 \*\*\*\*150.00**

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 **Mary R. Adams**  
REGISTERED AGENT MUST SIGN

**MARY R. ADAMS**  
**ASSISTANT SECRETARY**

Date **9/16/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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

**James M. Micali, Vice President**

9/14/98

Date

(864) 458-6111

Daytime Phone #

CH2E040 (1/98)