

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

182

FILED

03 NOV 14 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P37265**

1. Corporation Name

**EGANA OF SWITZERLAND (AMERICA) CORP.**

Principal Place of Business

Mailing Address

2004 NW 25TH AVE  
POMPANO BEACH FL 33069  
US

~~630 FIFTH AVE~~ 2004 NW 25TH AVE  
~~SUITE 1905~~ POMPANO BEACH, FL 33069  
~~NEW YORK NY 10111~~ US



000024718600  
11/14/03--01079--013 \*\*158.75

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

01/28/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3594058

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	SAMUELS, JACQUELIN	4951 AIRPORT PARKWAY, SUITE 803	ADDISON TX 75001
<del>CFO</del> CFO	<del>COPENING, STEVEN P</del> BRUNNER, FRANZ	8316 CIRD AVE	RODESSA TX 75088
Controller	KOBLOITZ, KURT	7277 Arcadia Ct	Boca Raton, FL 33433

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAMNARINE, SALES  
5830 NW 60TH STREET  
PARKLAND FL 33325

Name

Franz Brunner

Street Address (P.O. Box Number is Not Acceptable)

2004 NW 25th Ave

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33069

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/28/03

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]*

Franz Brunner

10/20/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (7/03)

122

# Egana of Switzerland

October 27, 2003

PO Box 6327  
Tallahassee, FL 32314-6327

Dear Sir or Madam:

**Our company, Egana of Switzerland (America) Corporation is in the process of having our corporation reinstated with the State of Florida. We are hereby asking for the waiver of the reinstatement fee of \$600.00, where as we never received our 2003 Uniform Business Report. Our FEI # is 133594058.**

Please contact Ira Nicoll @ 954-917-0662 x213 if you have any questions.

Sincerely,



Ira Nicoll  
Senior Accountant

