

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 DEC 30 AM 11:02

DOCUMENT # P 38518

1. Corporation Name

ROHDE & LIESENFELD, INC.

700010139147
01/15/03--01086--027 **1800.00

2. Principal Office Address

2200 N.W., 110th Ave.

Suite, Apt. #, etc.

Suite 301

City & State

Miami, FL

Zip

33172

Country

USA

3. Mailing Office Address

535 8th Avenue

Suite, Apt. #, etc.

17 Floor

City & State

New York, NY

Zip

10018

Country

USA

REINSTATEMENT 1995-2002

4. Date Incorporated or Qualified
To Do Business in Florida

4-21-92

5. FEI Number

13-2859141

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

United Corporate Services, Inc.

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

9200 South Dadeland Blvd.

Suite, Apt. #, Etc.

Suite 508

City

Miami

State
FL

Zip Code
33156

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

MICHAEL A. BARR

REGISTERED AGENT MUST SIGN

PRESIDENT

Date

11/8/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	Dieter Liesenfeld	Alstertor 21	20095 Hamburg, Germany
P	Bodo Liesenfeld	Alstertor 21	20095 Hamburg, Germany
VP	Patrick Jacob	535 8th Avenue, 17 Fl	New York, NY 10018
S	Roland Walter	Alstertor 21	20095 Hamburg, Germany
T	Peter Scharrel	Alstertor 21	20095 Hamburg, Germany
VP	Daniel Lumpert	535 8th Avenue, 17 Fl	New York NY 10018

10. 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
Patrick Jacob, Vice President

Date

Daytime Phone #

11-13-02 (212) 432-1200

CR2E081 (9/01)