

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris,
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P92000000300

1. Corporation Name

Cheminova America Corp.

Principal Place of Business

Mailing Address

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

100 S.E. 2nd St.

37th Floor

Miami, FL

33131

USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

10/23/92

5. FEI Number

65-0458101

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P, D	JOSE JUAN BAIZAN	P ^o de la Castellana, 45 4 ^o D	Madrid, Spain

800002957448--2
 -08/11/99--01081--012
 ***908.75 ***908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOSE JUAN BAIZAN
 6073 N.W. 19th St
 Unit C-20
 Miami, FL 33015

Name

JOEL S. MAGOLNICK

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

100 S.E. 2nd St.

Suite, Apt. #, Etc.

37th Floor

City

Miami

State

Zip Code

FL

33131

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

Jose Magolnick
 REGISTERED AGENT MUST SIGN

Date 8/2/99

11. This corporation owes 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, in 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 the 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

JOSE JUAN BAIZAN

JOSE JUAN BAIZAN

7/30/99

Date

Daytime Phone #

8/9/99

CR2081 (12/98)

**Moscowitz
Starkman &
Magolnick**

NationsBank Tower
100 Southeast 2nd Street
37th Floor
Miami, Florida 33131

Telephone (305) 379-8300
Facsimile (305) 379-4404

August 4, 1999

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

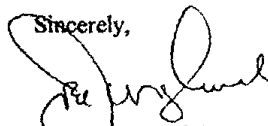
Re: Cheminova America Corp.

Dear Sir or Madam:

I have enclosed an Application for Reinstatement for Cheminova America Corp., along with a check in the amount of \$908.75, for the cost of reinstatement and a Certificate of Status.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Joel S. Magolnick

JSM/sg
Enclosure