

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

96 NOV 14 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600002010376--2
-11/20/96--01115--008
***\$225.00 ***\$225.00

DOCUMENT # P93-39862

1. Corporation Name

Scandinavian Center Inc.
P.O. Box 579
Boynton Beach FL 33452

Principal Place of Business

Mailing Address

1700 S Federal Hwy
Lake Worth, FL 33460

P.O. Box 579
Boynton Beach
FL 33452

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

June 4, 1993

5. FEI Number

65-0415167

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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
1	2	3	4
President	Borje Hoglund	1700 S Federal Hwy	Lake Worth, FL 33460
Director	Leo Kjallman	Vuonikatu 7	Porvoo, 06100 Finland
Chairman	Johan Lagus	Uudenmaankatu 27B	Helsinki, 00020 Finland
Officer	Roger Stjernvall	901 S. Federal Hwy	Lake Worth, FL 33460
Vice President	Arnel Westman	1700 S. Federal Hwy	Lake Worth, FL 33460

8. Name and Address of Current Registered Agent

Arnel Westman
1700 S Federal Hwy
Lake Worth, FL 33460

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

REINSTATEMENT 1996
D. Westman
11-14-96

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0605, F.S.

Signature of Registered Agent

Arnel Westman
REGISTERED AGENT MUST SIGN

Date 10/28/96

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:

Arnel Westman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/96 561-5821700
Date Daytime Phone #