PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **APPROVED** FLORIDA "PARTMENT OF STATE **APPLICATION** Sa...ura B. Mortham FOR FILED Secretary of State REINSTATEMENT. DIVISION OF CORPORATIONS 1996 DEC -3 PM 11: 02 DOCUMENT # P93000081258 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name OLD HOLLAND BELONGINGS, INC. Principal Place of Business Mailing Address 1700 HERCULES AVE. 1700 HERCULES AVE. UNIT 4 UNIT 4 CLEARWATER FL 34625 CLEARWATER FL 34625 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 Cilice Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 11/19/1993 Suite, Apl. #, etc. Suite, Apt. #, etc. 5. FEI Number 59-3219950 Applied For City & State MARRICEROS City & State Not Applicable S8.75, Additional Fee required for a Certificate of Status Zio Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at feast 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip ALMENKERK, A J **PSTD** LEOPOLDIHAAN 82 8870 OOSTDUINK BELGIUM 900002022779 -12/06/96--01101--003 ****375.00 ****375.00 8. Name and Address of Current Registered Agent 9, Name and Address of New Registered Agent NASH, THOMAS C II Street Address (P.O. Box Number is Not Acceptable) **400 CLEVELAND STREET EIGHT FLOOR** Suite, Apt. #, Etc. 6 CLEARWATER FL State | Zip Code City 10. I, being appointed the registered gont of am familiar with and accept the obligations of Section 607,0505, F.S. Signature of Registered Agent 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.)

12. I confly 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 filling 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 feet 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 it made under eath.

Yes l



Dept. of Revenue under S. 199.032, Florida Statutes.