PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 27 PM 3:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000029367

1. Corporation Name

NEWMAN THOMSON INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
318 E. PALMETTO PARK RD. BOCA RATON FL 33432 US	P.O. BOX 4336 BOCA RATON FL 33429 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT _____ 96 00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida: 04/15/1994
Suite, Apt. #, etc.: 190 W. Palmetto Park Road	Suite, Apt. #, etc.	5. FEI Number: 65-0520275 — Applied For / Not Applicable
City & State: Boca Raton, FL	City & State	6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status
Zip: 33432 — Country: USA	Zip — Country	

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PVP	NEWMAN, ROBERT I.	~~3501 WILDFLOWER DR~~ 7809 Dixie Beach Circle	~~CORAL SPRINGS FL~~ Tamarac, FL 33321
			300002041603--5
			~~12/31/96--01087--001~~
			***1125.00 ****375.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WILSMAN, LIZ ~~318 E. PALMETTO PARK ROAD~~ — 190 W. Palmetto Park Rd. BOCA RATON FL 33432	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State: FL — Zip Code

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: C.A. Wilsman SIGNATURE REQUIRED — Date _____

REGISTERED AGENT MUST SIGN

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 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 REQUIRED — Date 12/20/96 — Daytime Phone #

~~SIGNATURE AND TYPED~~ OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/96)

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