

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 NOV 19 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000051314

1. Corporation Name

WINPEAK AMERICAS, INC.

Principal Place of Business

OBERE BAHNHOFSTRASSE 49
CH-8600 MIL SG
SWITZERLAND

Mailing Address

OBERE BAHNHOFSTRASSE 49
CH-8600 MIL SG
SWITZERLAND

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

REINSTATEMENT 96

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/1995

Applied For

Not Applicable

5. FEI Number

59 332 8621

6. CERTIFICATE OF STATUS DESIRED ☒

Suite, Apt. #, etc.

1904 S HARBOUR CITY BLVD.

City & State

HELBOURNE FLORIDA

Zip

32901

Country

U.S.A

Suite, Apt. #, etc.

877 Hwy AIA, Unit 802

City & State

Indianapolis FL

Zip

32903

Country

USA

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GRAU, JUERG	OBERE BAHNHOFSTRASSE 49, CH-8600	SWITZERLAND
D	NADLER, RALF	OBERE BAHNHOFSTRASSE 49, CH-8600	SWITZERLAND
V	NIGGLI, SIWIG	877 Hwy AIA, Unit 802	Indianapolis FL 32908

8. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

9. Name and Address of New Registered Agent

Name: 700002012007--0
-11/22/96--01015--027
Street Address (P.O. Box Number is Not Allowed): 700002012007--0
-11/22/96--01015--028
Suite, Apt. #, Etc.: 700002012007--0
-11/22/96--01015--028
City: 700002012007--0
State: FL Zip Code: 700002012007--0

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/16/96

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 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
CHAIRMAN

SEP 19 '96 (907) 726 4410
Date Daytime Phone