

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV 15 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000058194

1. Corporation Name

NEPTUNUS U.S.A., INC.

Principal Place of Business

Mailing Address

400 N.W. ALICE AVE.
STUART FL 34994

400 N.W. ALICE AVE.
STUART FL 34994

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

2. New Principal Office Address, If Applicable

~~400 STATE ROAD 84~~

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~8 KEEFER ROAD~~

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/1997

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State
~~FORT LAUDERDALE~~

City & State
~~ST. CATHARINES ONTARIO~~

Zip
~~33312~~

Country
~~U.S.A.~~

Zip
~~L2M7N9~~

Country
~~CANADA~~

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DEJONG, JAN W	8 KEEFER RD L2M7N9	CANADA ONTAR ST CATHERINES

100003487301--7

12/05/00 01043 002

****750.00 ****750.00

8. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.

417 E. VIRGINIA ST.

STE. 1

TALLAHASSEE FL 32301-1283

9. Name and Address of New Registered Agent

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

Lance L. McGee
Lance L. McGee

Capital Connection, Inc. Date 11/15/00

REGISTERED AGENT MUST SIGN Client Representative

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan Willem De Jong
JAN WILLEM DE JONG

November 6, 2000

Date

905-937-3737

Daytime Phone #

CR2ED40 (8/00)