

FEB-13-2004 FRI 11:57 AM EDWARDS & ANGELL

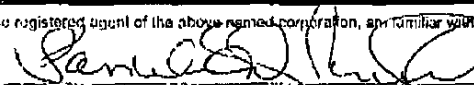
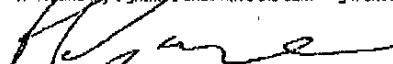
FAX NO. 5616558719

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000043112					
1. Corporation Name BANKSIDE SERVICES (AMERICAS), INC.					
2. Principal Office Address 88 Leadenhall Street		3. Mailing Office Address 88 Leadenhall Street		4. Date Incorporated or Qualified To Do Business in Florida 05/13/98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0836143	
City & State London		City & State London		Applied For ☐ Not Applicable	
Zip EC3A 3BP	Country England	Zip EC3A 3BP	Country England	6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Angell Corporate Services, Inc.					
Street Address (P.O. Box Number is Not Acceptable) One N. Clematis Street					
Suite, Apt. #, Etc. Suite 400					
City West Palm Beach				State FL	Zip Code 33401
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent				Date February 13, 2004	
REGISTERED AGENT MUST SIGN Pamela S. Robertson, VP					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
D	Peter E. Grove	88 Leadenhall Street		London EC3A 3BP England OC	
D	Timothy R. Butcher	Dundrod, St. Georges Ave. Weybridge		Surrey KT13 0DA England OC	
10. 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:				P E GROVE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
		2-1-04			

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Florida Department of State
Division of Corporations
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To:

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From:

Account Name : EDWARDS & ANGELL
Account Number : 075410001517
Phone : (561) 833-7700
Fax Number : (561) 655-8719

CORPORATION REINSTATEMENT

BANKSIDE SERVICES (AMERICAS), INC.

Certificate of Status	0
Certified Copy	0
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