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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 04 FEB 13 PM 12:28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000043112

REINSTATEMENT 01-04

1. Corporation Name

BANKSIDE SERVICES (AMERICAS), INC.

2. Principal Office Address		3. Mailing Office Address	
88 Leadenhall Street		88 Leadenhall Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: London		City & State: London	
Zip: EC3A 3BP	Country: England	Zip: EC3A 3BP	Country: England

4. Date Incorporated or Qualified To Do Business in Florida: 05/13/98

5. FEI Number: 65-0836143 ☐ Applied For ☐ Not Applicable

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: [signature] Date: February 13, 2004

REGISTERED AGENT MUST SIGN Pamela S. Robertson, VP

CR2E031 (10/02)

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: [signature] PE GROVE 2-1-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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Account Number : 075410001517
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CORPORATION REINSTATEMENT

BANKSIDE SERVICES (AMERICAS), INC.

Certificate of Status	0
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