

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR 21 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000080154

1. Corporation Name

Kestrel International U.S.A. Inc.

2. Principal Office Address

102 W. Whiting St.

Suite, Apt. #, etc.
201

City & State

Tampa, FL

Zip

33602

Country

USA

3. Mailing Office Address

P.O. Box 1212

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33601

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/11/98

5. FEI Number
59-3533597

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

Paul Willies

Street Address (P.O. Box Number is Not Acceptable)

13112 Townsend Lane

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33612

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

REGISTERED AGENT MUST SIGN

Date FEB 27/03

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	Dane, William Daniel	Chateau de Vielle Foret 18170 Le Chatelet en Berry	France

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:

W Daniel Dane

W Daniel Dane

Date

813-258-5793

Daytime Phone #