

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S32556**

1. Corporation Name

ASTROFF'S USA, INC.

Principal Place of Business

Mailing Address

**25000 Tamiami Trail East
Unit 563
Naples, Florida 34140**

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

2. New Principal Office Address, If Applicable
12425 Union Rd.

3. New Mailing Office Address, If Applicable
Box 307 McKay Lake Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Apsley, Ontario

Zip
34140

Country
US

Zip
K0L1A0

Country
Canada

4. Date Incorporated or Qualified
To Do Business in Florida **February 19, 1991**

5. FEI Number

65-0246465

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	J. J. Marchand	McKay Lake Road	Apsley, Ontario, Canada K0L-1A0
Sec/ Treas.	Casey Wolff, Esq.	2150 Goodlette Rd., 6th Fl.	Naples, Florida 34102

500002234035-5
-07/09/97--01091--011
*****1418.75 ***1418.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**J. J. Marchand
25000 Tamiami Trail East
Unit 563
Naples, Florida 34140**

Name
Casey Wolff, Esq.

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

2150 Goodlette Road

Suite, Apt. #, Etc.

Suite 600

City

Naples

State

FL

Zip Code

34102

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

REGISTERED AGENT MUST SIGN

Date

7/7/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CASEY WOLFF SEC/TREAS

Date

7/7/97

Daytime Phone #

941-261-0544

FILED

97 JUL -8 AM 11:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT

93-97

CR2040 (12/95)