

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 28 AM 10:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

874484

1. Corporation Name

TYSER & CO NORTH AMERICA INC.

2. Principal Office Address

10251-B W. SAMPLE RD.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

3. Mailing Office Address

10251-B W. SAMPLE RD.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08-20-91

5. FEI Number

22-3125856

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

EDWARD BROOKS

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

10251-B W. SAMPLE ROAD

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

Edward Brooks CPA

REGISTERED AGENT MUST SIGN

Date 4/17/00

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
PDC	ROGER E. MARSH	12-20 CAMOMILE ST.	LONDON, ENGLAND EC2V 7PJ
T	GORDON GRAHAM	12-20 CAMOMILE ST.	LONDON ENGLAND EC2V 7PJ
D	RONALD A. SKINNER	12-20 CAMOMILE ST.	LONDON ENGLAND EC2V 7PJ
REINSTATEMENT 98-00 TS			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. SKINNER

Date

20 APRIL 2000

Daytime Phone #