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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

V09899

FILED
95 FEB -1 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V09899

1. Corporation Name

AUSTRA-AMERICAN, INC.

Mailing Address / Principal Place of Business

c/o John H. Evans, Esquire
1702 South Washington Avenue
Titusville, Florida 32780

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable	3. New Principal Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida
1702 S. Washington Ave.	1702 S. Washington Ave.	1/27/92
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number: X Applied For / Not Applicable
City & State: Titusville, FL	City & State: Titusville, FL	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status
Zip: 32780 Country: USA	Zip: 32780 Country: USA	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	PATSY LEE HEWITT	3 Northminster Way	Fishing Point New South Wales, AUSTRALIA
S/T	PAUL W. DEWHURST	3 Northminster Way	Fishing Point New South Wales, AUSTRALIA 2283
	REINSTATEMENT	93-93	
			500001407515 -02/16/95--01025--010 ****775.00 ****775.00

8. Name and Address of Current Registered Agent

John H. Evans, Esquire
750 Country Club Drive
Titusville, Florida 32780

9. Name and Address of New Registered Agent

Name: JOHN H. EVANS, ESQUIRE
Street Address (P.O. Box Number is Not Acceptable): 1702 South Washington Avenue
Suite, Apt. #, Etc.:
City: Titusville State: FL Zip Code: 32780

CR2E040 (6-94)

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: January 26, 1995

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

407 - 455

SIGNATURE: _____ 0011-61-49-752704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PAUL W. DEWHURST Daytime Phone #