


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
05 DEC 23 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004571

1. Entity Name  
SPECIALTY POLYMER COATINGS USA, INC.



Principal Place of Business 20529 62ND AVENUE #104 LANGLEY, BC V3A 8-R4 CA	Mailing Address 20529 62ND AVENUE #104 LANGLEY, BC V3A 8-R4 CA
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324



02042005 REIN-P CR2E098 (6/04)

4. FEI Number 76-0580367	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Peter F. Souza*  
Signature typed or printed name of registered agent and title if applicable. **PETER F. SOUZA**  
**ASSISTANT SECRETARY**

DATE *12/20/05*

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLISTON, GEORGE R 20529 62ND AVENUE, #104 LANGLEY, BC V3A 8R4 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLISTON, SHARON ANNE 20529 62ND AVENUE, #104 LANGLEY, BC V3A 8R4 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLISTON, CHRISTOPHER G 20529 62ND AVENUE, #104 LANGLEY, BC V3A 8R4 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT 04-05**

T. Roberts DEC 27 2005

600062469518  
12/29/05--01019--028 \*\*\*300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon Alliston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: *Dec 2/05* 604-514-9711  
Date Daytime Phone #