	PLASE READ	ALL INST	RUCTIONS	EFORE C	OMPLET	ING THIS FORM.		
[m. 4, 5	FOR STATEMEN		DEFORT E	OF STATE		ILED		
DOCUMENT # FO300000010					1	B 21 PM 1: 36		
CORIN USA LIMITED INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
					TALLAHASSEE, I COMO			
Principal Place of Business Mailing Address The Coming in Control 10500 University Ctm					D			
The Corinium Centre 10500 University Ctr Cirencester Suite 190 Gloucestershire GL7 1YJ Tampa, FL 33612 ENGLAND If above addresses are incorrect in any way, line through incorrect information and enter correction below.					. Dr.			
New Principal Office Address, If Applicable 3. New Ma			ling Office Address, If Applicable			orated or Qualified ness in Florida 01/19/	1993	
Suite, Apt. #	<u> </u>	Suite, Apt. #, etc.			5. FEI Number		Applied For .	
		City & State			59 - 33	4-0933	Not Applicable	
Zip :	Country	Zip	Country	y 	CERTIFICATE		itional Fee required rtificate of Status	
7. Names a	and Street Addresses of Each Officer and/	or Director (Flo		tions must list at lea				
Title(s)	and/or Directors					City / State / Zip)	
СD	Peter Gibson Willesle Willesle NR Malme			- ₽y		Wiltsshire UNITED KINGDOM		
MD	MD Tan Paling Cyclame			n Lodge-Private Rd Stroud, Gloucestershir ugh Common UNITED KINGDOM				
T	T Simon Hartley			d House down-Che	ltenham	tenham Gloucestershire UNITED KINGDOM		
FC	FC Alan Grainger			Lilac Cottage-Tanne Sherston		ll Wiltshire SN UNITED KINGO		
					8000031462585 -02/24/0001058001			
		·				****300.00		
8. Name and Address of Current Registered Agent				Nome	9. Name and Address of New Registered Agent			
Alan Grainger Name					(12/9)			
Suite 190 Suite, Apt. #					(P.O. Box Number is Not Acceptable) tc.			
± '				City State Zip Code				
10. I, being	appointed the registered agen of the above	re named corpo	oration, am familiar wit	th and accept the ob	ligations of Section	pn 607,0505, F.S.		
Signature of Registered A	Agent	GISTENED AG	ENT MUST SIGN		·	Date 2 16 2000		
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)								
12.1 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 sonature shall have the same legal effect as if made under oath.								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED ME OF SIGNING OFFICES OR DIRECTOR Date D								



10500 UNIVERSITY CENTER DRIVE SUITE 190 TAMPA, FLORIDA 33612

> FAX: 813/979-0042 TEL: 813/977-4469

February 16, 2000

DEPARTMENT OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sirs:

Please find enclosed our registration for the corporate annual report, which we understand expired due to non-receipt of the documents last year.

We have been members since 1994 and have always completed the documents on time and correctly. We can assure you that no registration documents were received and we, therefore, feel that we should not be penalized for a breakdown in communication.

We would respectfully request that we be reinstated and that the charge for reinstatement be waived. In anticipation of your agreement to this we are enclosing our check for \$ 300.

Yours faithfully,

Alan Grainger

International Financial Controller

Enclosure