

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F93000000210

Entity Name: CORIN USA LIMITED, INC.

FILED
Nov 30, 2009
Secretary of State

Current Principal Place of Business:

THE CORINIUM CENTRE
CIRENCESTER, GLOUCESTERSHIRE GL7 1YJ
ENGLAND, UK GL7 1YJ UK

New Principal Place of Business:

Current Mailing Address:

10500 UNIVERSITY CTR. DRIVE
SUITE 190
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3340933 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCAULEY, COLIN
10500 UNIVERSITY CENTER DRIVE
SUITE 190
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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.

SIGNATURE: COLIN MCCAULEY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: PALING, IAN
Address: CYCLAMEN LODGE-PRIVATE RD, RODBOROUGH COMM
City-St-Zip: STROUD,GLOUCESTERSHIRE UK,

Title: T () Delete
Name: HARTLEY, SIMON
Address: WELLSWOOD HOUSE, 8 BATTLEDOWN-CHELTENHAM
City-St-Zip: GLOVESTERSHIRE, GL52 6NY

Title: FC () Delete
Name: COLIN, MCCAULEY
Address: 15916 MARSHFIELD DRIVE
City-St-Zip: TAMPA, FL 33624 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLIN MCCAULEY

Electronic Signature of Signing Officer or Director

FC

11/30/2009

Date