

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 27 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # GO1624

1. Corporation Name

ERKIS U.S.A., INC.

2. Principal Office Address

1314 E. Las Olas Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 1027

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Zip

33301

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/28/1982

5. FEI Number

59-2234354

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Georges Starckmann

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

1314 E. Las Olas Blvd.

Suite, Apt. #, Etc.

Suite 1027

City

Fort Lauderdale

State

FL

Zip Code

33301

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

REGISTERED AGENT MUST SIGN

Date

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
PDST-	Georges Starckmann	1314 E. Las Olas Blvd. Suite 1027	Fort Lauderdale, FL 33301

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

Date

Daytime Phone #

954 260 0086

10/20/03

CR2E081 (10/02)

10/25