



2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M0300000248					
1. Entity Name IPEX USA LLC					
Principal Place of Business 10100 RODNEY STREET PINEVILLE, NC 28134		Mailing Address 10100 RODNEY STREET 3 PLACE DU COMMERCE, SUITE 101 PINEVILLE, NC 28134 VERDUN, QUEBEC, CANADA H3E 1H9			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	10222004 REIN-LLC CR2E101 (6/04)	
6. Name and Address of Current Registered Agent			4. FEI Number		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			APPLIED FOR 51-0368062		
			Applied For <input type="checkbox"/> Not Applicable		
			5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 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			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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		Michael J. Mitchell Assistant Secretary		10/22/04 DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASSE, CAROLE		NAME		
STREET ADDRESS	3 PLACE DU COMMERCE SUITE 101		STREET ADDRESS		
CITY-ST-ZIP	QUEBEC, CANADA,		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRADDON, PAUL J		NAME		
STREET ADDRESS	3 PLACE DU COMMERCE SUITE 101		STREET ADDRESS		
CITY-ST-ZIP	QUEBEC, CANADA,		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOROKVEI, THOMAS E		NAME		
STREET ADDRESS	50 VALLEYBROOK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ONTARIO, CANADA,		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		10/22/2004		514-769 2200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

FILED
 04 OCT 26 PM 5:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 2004
 BK

600042442366
 11/03/04--01048--027 **155.00

CT CORPORATION

October 26, 2004

Department of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 6221496 SO
Customer Reference 1:
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

IPEX USA LLC (DE)
Reinstatement
Florida

RECEIVED
04 OCT 26 PM 2:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

(850) 222-1092. Thank you very much for your help.

Sincerely,

Jennifer Murphy
Fulfillment Specialist
Jennifer_Murphy@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615