2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 17, 2008
Secretary of State

DOCUMENT# N04000012137

Entity Name: ARMONIA U.S., INC.

Current Principal Place of Business:

200 S ORANGE AVE
2600
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

200 S ORANGE AVE
2600
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 20-2302015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SEAY, JAMES E
200 S ORANGE AVE
SUITE 2600
ORLANDO, FL 32801 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: JAMES SEAY

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DR.	( ) Delete
Name:	HAWKINS, LEE W PRES	
Address:	5576 MILLBROOK DRIVE	
City-St-Zip:	WILLIAMSBURG, MI 49690 US	
Title:	DR.	( ) Delete
Name:	ZIEGLER, KAREN B TREAS	
Address:	114 SATSUMA DRIVE	
City-St-Zip:	ALTAMONTE, FL 32714 US	
Title:	MR.	( ) Delete
Name:	MATTHEWS, OWEN VP	
Address:	2034 COVE TRAIL	
City-St-Zip:	WINTER PARK, FL 32789 US	
Title:	MS.	( ) Delete
Name:	HAWKINS, JANE A SECR.	
Address:	5576 MILLBROOK DRIVE	
City-St-Zip:	WILLIAMSBURG, MI 49690 US	
Title:	MR.	( ) Delete
Name:	GRIFFITH, CHARLES	
Address:	185 ST. ANDREWS DRIVE	
City-St-Zip:	FRANKLIN, TN 37069	
Title:	MS	( ) Delete
Name:	CLARK, MARY	
Address:	1901 TOURNAMENT DR	
City-St-Zip:	APOPKA, FL 32712	

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MR.	(X) Change ( ) Addition
Name:	JACKSON, DAVE	
Address:	3186 DANMARK DRIVE	
City-St-Zip:	WEST FRIENDSHIP, MD 21794	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. LEE HAWKINS P 10/17/2008

Electronic Signature of Signing Officer or Director — Date