

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


09 JUL -9 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600158302056
07/09/09--01012--006 **1050.00

CR2E081 (12/08)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000048892

1. Corporation Name

GERIK INVESTMENTS (USA), INC.

2. Principal Office Address - No P.O. Box # 2022 ROYAL PALM BAY BLVD		3. Mailing Office Address 2731 EXECUTIVE PARK DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 4	
City & State KISSIMMEE, FL		City & State WESTON, FL	
Zip 34748	Country USA	Zip 33331	Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/3/2002

5. FBI Number: 30-0076177

6. CERTIFICATE OF STATUS DESIRED 30.75 Additional Fee required for a Certificate of Status

Applied For: Not Applicable

7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 EXECUTIVE PARK DRIVE

Suite, Apt. #, Etc.: SUITE 4

City: WESTON

State: FL Zip Code: 33331

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of Registered Agent: *Amy Purdy* Amy Purdy, Assistant Secretary

REGISTERED AGENT MUST SIGN

Date: 7/7/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Officer	ANDREW TOBIAS	2022 ROYAL PALM BAY BLVD	KISSIMMEE, FL 34746

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 contained in Chapter 118, 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: *Andrew Tobias* 7/6/2009 310-395-9922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #