

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 33186**

1. Corporation Name

Guinness UDV (Florida), Inc.

2. Principal Office Address - No P.O. Box #

801 Main Street

Suite, Apt. #, etc.

City & State

Norwalk CT

Zip
06851

Country
Fairfield

3. Mailing Office Address

801 Main Street

Suite, Apt. #, etc.

City & State

Norwalk CT

Zip
06851

Country
Fairfield

7. Name and Address of Current Registered Agent

Name

Corporate Creations Network Inc.

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

11380 Prosperity Farms Road #221E

Suite, Apt. #, Etc.

City
Palm Beach Gardens

State
FL

Zip Code
33410

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

Arletys Martin
Arletys Martin, Asst. Secretary

Date **9/18/2007**

REGISTERED AGENT MUST SIGN

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
P	Hamish McDonald	6 LANDMARK SQUARE	STAMFORD CT 06901
VP	William Bullard	6 LANDMARK SQUARE	STAMFORD CT 06901
VS	Joe Barry	6 LANDMARK SQUARE	STAMFORD CT 06901
AS	Tom Stueve	6 LANDMARK SQUARE	STAMFORD CT 06901
D	Hamish McDonald	6 LANDMARK SQUARE	STAMFORD CT 06901
AS	Bruce Miller	6 LANDMARK SQUARE	STAMFORD CT 06901

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 119, 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.

Joe Barry, Secretary

SIGNATURE:

Y. Huberdeau
by **Y. Huberdeau as attorney-in-fact**

9/18/2007

Date

561-694-8107

Daytime Phone #

FILED

2007 SEP 21 AM 11:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

800110255296
10/04/07--01018--018 **900.00

REINSTATEMENT

CR2E081 (1/07)

02-07

4. Date Incorporated or Qualified To Do Business in Florida

03/18/1991

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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.