

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **PA7000048776**

1. Corporation Name

BERTEN USA HOLDINGS, INC.

2. Principal Office Address

11845 W. Olympic Blvd.

Suite, Apt. #, etc.

Suite 1140

City & State

Los Angeles, CA

Zip

90064

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

June 3, 1977

5. FEI Number
52-2262373

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. # Etc.

City

PLANTATION

600003491016-0
-12/08/00--01008--029
*****750.00 *****750.00

600003491016-0
-12/08/00--01008--030
*****8.75 *****8.75

State
FL

Zip Code
33324

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

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date **11/29/2000**

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/D	Kimberly Johnson	11845 W. Olympic Blvd.	LA, CA 90064
S/D	Claudine Montenegro	11845 W. Olympic Blvd.	LA, CA 90064
D	Roy Rayo	11845 W. Olympic Blvd.	LA, CA 90064
D	Leodegario Tan	11845 W. Olympic Blvd.	LA, CA 90064

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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:

Claudine O. Montenegro
CLAUDINE MONTENEGRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 27, 2000

Date

Daytime Phone #

(310) 403 0131