

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 23 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000063261

1. Corporation Name

Americ Disc U.S.A. - Florida Inc.

2. Principal Office Address

8455 NW 30th Terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33122

Country

USA

3. Mailing Office Address

8455 NW 30th Terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33122

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0451013

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

Mark S. Feluren

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

2200 N. Commerce Parkway

Suite, Apt. #, Etc.

Suite 202

City

Weston

State

FL

Zip Code

33326

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

REGISTERED AGENT MUST SIGN

Date 3-31-03

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	Claude Raymond	2525 Canadien Street	Drummondville, QC J2C 7W2
V/O	Claude Fragman	2525 Canadien Street	Drummondville, QC J2C 7W2
O	Louis-Roch Langlois	2525 Canadien Street	Drummondville, QC J2C 7W2

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. RAYMOND

Date

April 18, 2003

Daytime Phone #

CR2E081 (10/02)