

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -3 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F01000001080

1. Corporation Name

ALIRON MARKETING U.S.A., INC.

Principal Place of Business

C/O ALLAN BESSADA  
19511 PAULING  
FOOTHILL RANCH CA 92610

Mailing Address

C/O ALLAN BESSADA  
19511 PAULING  
FOOTHILL RANCH CA 92610



REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

261 TROWERS ROAD

Suite, Apt. #, etc.

City & State

WOODRIDGE, ONTARIO

Zip

Country

L4L 5Z8 CANADA

4. Date Incorporated or Qualified To Do Business in Florida

02/26/2001

5. FEI Number

33-0909891

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BESSADA, ALLAN	19511 PAULING	FOOTHILL RANCH CA 92610
VD	TENEBAUM, LAWRENCE	19511 PAULING	FOOTHILL RANCH CA 92610
S	ROWE, VALERIE	19511 PAULING	FOOTHILL RANCH CA 92610
TAS	TENEBAUM, MARTIN	19511 PAULING	FOOTHILL RANCH CA 92610

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8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent:   
Brian Courtney  
Asst. V. Pres. **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date: 1/2/03

11. 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)(l), 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.

*President* 12/2/02  
*CONTROLLER*  
SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 10/25/02  
Daytime Phone #: 905-264-9411