

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 SEP -5 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003498

1. Corporation Name  
FTI-USA INC.

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

7975 114<sup>th</sup> AVE NORTH

Suite, Apt. #, etc.

City & State

LARGO, FLORIDA

Zip

33773

Country

USA

3. Mailing Office Address

7975 114<sup>th</sup> AVE NORTH

Suite, Apt. #, etc.

City & State

LARGO, FLORIDA

Zip

33773

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

4/24/2001

5. FEI Number

04-3270041

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

C T CORPORATION SYSTEM

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

1200 S PINE ISLAND RD

Suite, Apt. #, Etc

City

PLANTATION

State

FL

Zip Code

33324

700239273647  
09/06/12--01001--007 \*\*767.50

700239273647  
09/06/12--01001--008 \*\*150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligation of sections 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Madonna Cuddihy*

**Madonna Cuddihy  
Special Assistant Secretary**

8/31/12

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
Chairman C	Robert A. WALSH	492 Chemin Cote St-Antoine	Westmount, Quebec CANADA H3Y 2K2
VICE Chairman	Gregory A. Field	791 32e AVENUE #1	Lachine, Quebec CANADA H8T 3R9
DIRECTOR D	Michel Marleau	213 rue Pierre de Cornefroy	Boucherville, Quebec CANADA J4B 1K5
DIRECTOR D	MARK GRIFONE	5800 WINDERMERE DRIVE	PALM HARBOR, FLORIDA 34685
		STATEMENT - 11-12	
			SEP. 5 2012

10. E-mail Address: MARK.GRIFONE@Contactft.com

(To be used for future annual report notification)

T. SCOTT

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Mark Grifone*

MARK GRIFONE

9/4/2012

727.235.146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

787-236-1846