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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000005257

1. Corporation Name

CIE USA Florida Enterprises, Inc.

REINSTATEMENT 09

2. Principal Office Address		**3.** Mailing Office Address	
200 W. 57th Street		200 W. 57th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
404		404	
City & State		City & State	
New York, NY		New York, NY	
Zip	Country	Zip	Country
10019	New York	10019	New York

4. Date Incorporated or Qualified To Do Business in Florida 04/14/2003

5. FEI Number 65-1129958 ☐ 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
HRAWG Corp.

Street Address (P.O. Box Number is Not Acceptable)
1801 N. Military Trail

Suite, Apt. #, Etc.
Suite 200

City	State	Zip Code
Boca Raton	FL	33431

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 James M. Hawkins Vice President Date

REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

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
Pres/Dir	Bruce E. Moran	200 W. 57th Street, Ste. 404	New York, NY 10019
VP/Secy	Carolyn H. Specht	200 W. 57th Street, Ste. 404	New York, NY 10019
Tres/Dir	Carolyn H. Specht	200 W. 57th Street, Ste. 404	New York, NY 10019

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: C H Specht Secretary 11/24/04 212-586-4695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 08/03/04 C T System Online

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Division of Corporations
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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : HODGSON RUSS LLP
Account Number : 072720000242
Phone : (561)394-0500
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CORPORATION REINSTATEMENT

CIE USA FLORIDA ENTERPRISES, INC.

Certificate of Status	0
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