


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
09 MAR -5 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F0200004289					
1. Entity Name GURIT (USA) INC.					
Principal Place of Business LAUDERDALE MARINE CENTER 2019 S.W. 20TH STREET, SUITE 1234 FORT-LAUDERDALE, FL 33315 US			Mailing Address 175, RUE PELADEAU MAGOG, QC J1X 5-G9 CA		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name <b>CT Corporation System</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>1200 South Pine Island Road</b>		
			City <b>Plantation</b>		State <b>FL</b>
			Zip Code <b>33324</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
Barbara A. Burke Special Assistant Secretary					
SIGNATURE <i>Barbara A. Burke</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <b>2-23-09</b>	
<b>FILE NOW!!! FEE IS \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BANNISTER, DAMIAN ST-CROSS BUSINESS PARK NEWPORT, ISLEOF WIGHT, P0305WU, XX 00000	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	03/05/09--01034--007 700145 066727
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVESQUE, RICHARD 44 MONTPELLIER GRANBY, J2H 2G8, QC 00000	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T Marc-André Watson 4726, Des Chantrelles Sherbrooke (Qc) J1N 4J6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, GRAHAM ST-CROSS BUSINESS PARK NEWPORT, ISLEOF WIGHT, P0305WU, XX 00000	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Harvey, Graham St-Cross Business Park Newport, Isle of Wight, P0305WU
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Amacker, Markus Krüsti Ch. des-les-Bois 11 CH-1016 Epalinges, Suisse
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Marc-André Watson</i>		MARC-ANDRÉ WATSON		2009/02/18 1-819-847-1863	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

*2/26/09*