


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000001832		
1. Entity Name TRILOGY USA INC.		

FILED  
07 NOV -2 AM 9: 08

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 3640 YACHT CLUB DR. #1405 AVENTURA, FL 33180	Mailing Address 3640 YACHT CLUB DR. #1405 AVENTURA, FL 33180
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 20533 Biscayne Blvd #116	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Aventura, FL	
Zip	Country	Zip	Country
33180	USA	33180	USA

1024207 07  
REINSTATEMENT CR2E098 (1/07) 07

4. FEI Number 26-0023435		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WREN, MARK 3640 YACHT CLUB DR. #1405 AVENTURA, FL 33180		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CP	TITLE	
NAME	WREN, MARK	NAME	
STREET ADDRESS	3640 YACHT CLUB DR. #1405	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	
TITLE	DS	TITLE	
NAME	BARTLETT, PETER	NAME	
STREET ADDRESS	3640 YACHT CLUB DR. #1405	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	DAVIS, SYLVIA	NAME	
STREET ADDRESS	P.O. Box 20533 Biscayne Blvd #116	STREET ADDRESS	
CITY-ST-ZIP	Aventura, FL 33180	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 another like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 24, 2007  
Date Daytime Phone # 786 202 7166