

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10 JUN 14 PM 3:09

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # FD3000002271

1. Corporation Name

Sixty USA Retail Inc

REINSTATEMENT 07-10

900181713239
06/04/10-01034-021 #1200.00

CR2E081 (4/10)

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

225 Chabanel

3. Mailing Office Address

225 Chabanel

Suite, Apt. #, etc.

Suite 620

Suite, Apt. #, etc.

Suite 620

City & State

Montreal Quebec

City & State

Montreal Quebec

Zip

H2N2C9

Country

Canada

Zip

H2N2C9

Country

Canada

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/2002

5. FEI Number

30-0129925

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

Corporation Service Company

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

1201 Hays St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, hereby certify that I understand the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered AgentJOHN H. KELLERT
ASST. VICE PRESIDENT

Date

5/19/10

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
President	Mark Wiltzer	225 Chabanel Suite 620	Montreal, QC, H2N2C9
Director of Finance	Melanie Steinberg	225 Chabanel Suite 620	Montreal, QC, H2N2C9

X.6/8

10. E-mail Address: melanie.steinberg@sixtycanada.com

(To be used for future annual report notification)

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. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 21, 2010 514-315-6819

Date

Daytime Phone #