

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000003344

Entity Name: AKUNA U.S.A. INC.

FILED
Feb 14, 2005
Secretary of State

Current Principal Place of Business:

375 BRITANNIA ROAD EAST, BLDG. B
MISSISSAUGA
ONTARIO, L4Z 3E2, CANADA,

Current Mailing Address:

375 BRITANNIA ROAD EAST, BLDG. B
MISSISSAUGA
ONTARIO, L4Z 3E2, CANADA,

New Principal Place of Business:

5115 SATELLITE DRIVE
MISSISSAUGA
ONTARIO, L4W 5B6, ON CANADA

New Mailing Address:

5115 SATELLITE DRIVE
MISSISSAUGA
ONTARIO, L4W 5B6, ON CANADA

FEI Number: 02-0591689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTIN, FL 33331 US

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.

SIGNATURE: EDNA ASTACIO

02/14/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVST () Delete
Name: FORST, MICHAEL
Address: 375 BRITANNIA ROAD EAST, BLDG. B
City-St-Zip: ONTARIO, L4Z 3E2, CANADA,

Title: DP () Delete
Name: FORST, ZDENKA
Address: 375 BRITANNIA ROAD EAST, BLDG. B
City-St-Zip: ONTARIO, L4Z 3E2, CANADA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVST (X) Change () Addition
Name: FORST, MICHAEL DVST
Address: 5115 SATELLITE DRIVE
City-St-Zip: MISSISSAUGA, ONTARIO L4W 5B6, ON CANADA

Title: DP (X) Change () Addition
Name: FORST, ZDENKA DP
Address: 5115 SATELLITE DRIVE
City-St-Zip: MISSISSAUGA, ONTARIO L4W 5B6, ON CANADA

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZDENKA FORST

PRES

02/14/2005

Electronic Signature of Signing Officer or Director

Date