PLEASE READ ALL INSTRUCTIONS BEFORE

FILED
06 JAN 17 PM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (8/05)

DOCUMENT # P04000091937

1. Corporation Name
OMD USA Inc.

2. Principal Office Address	**3.** Mailing Office Address
11 Madison Avenue	11 Madison Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, NY	City & State: New York, NY
Zip: 10010 Country: USA	Zip: 10010 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida 4/8/04

5. FEI Number 134117630 ☐ 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 Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301-2525

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: Laura R. Dunlap — Laura R. Dunlap as its agent — Date: 1/16/06

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
DCEO	Joe Uva	11 Madison Avenue	New York, NY 10010
DCFO	Mark Amabile	11 Madison Avenue	New York, NY 10010
OCEO	Page Thompson	11 Madison Avenue	New York, NY 10010
TCFO	Barbara Burger	11 Madison Avenue	New York, NY 10010
DS	Craig Gangi	11 Madison Avenue	New York, NY 10010

10. I certify that I am an officer or director of 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: F. Craig Gangi — 1-13-06 — 212-590-7090

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

OMD

Barbara Burger
Chief Financial Officer, U.S.

January 13, 2006

Florida Department of State
Secretary of State
Divisions of Corporations

RE: Foreign Reinstatement Filing for OMD USA Inc.
FEIN # 134117630
Document # F04000001937

To Whom It May Concern:

This letter is to certify that OMD USA Inc. did not receive notices from the Florida Secretary of State to file an annual report; therefore, we request a waiver of the $600.00 reinstatement fee.

Enclosed is a completed Corporation Reinstatement form. Please proceed with the reinstatement of OMD USA Inc. in Florida.

Thank you.

Sincerely,

Barbara Burger

11 Madison Avenue, 12th Floor
New York, NY 10010
Tel. (212) 590-7010
barbara.burger@omd.com
An Omnicom Company

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000012398 3)))

TM

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

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

OMD USA INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	~~$900.00~~

300.00

Electronic Filing Menu Corporate Filing Menu Help