## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F05000004970

Entity Name: NARANYA USA, INC

FILED Feb 27, 2007 Secretary of State

Littly Na	IIIC. NARANI	A USA, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
2711 CENTERVILLE RD STE 400 WILMINGTON, DE 19808				2225 N COMMERCE PARKWAY 9 WESTON, FL 33326		
Current Mailing Address:				New Mailing Address:		
2711 CENTERVILLE RD STE 400 WILMINGTON, DE 19808				2225 N COMMERCE PARKWAY 9 WESTON, FL 33326		
FEI Number	: 20-3309500	FEI Number Applied For ( )	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US				SALCEDO, FRANCISCO J MANAGER 2225 N COMMERCE PARKWAY 9 WESTON, FL 33326 US		
	e named entity e of Florida.	submits this statement for the	purpose o	f changing its registered	d office or registered agent, or both,	
SIGNATURE: FRANCISCO JOSE SALCEDO					02/27/2007	
	Electro	nic Signature of Registered Ag	ent		Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ( ).	ot receive t	he prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ARTURO DE JI AV. HIDALGO :	) Delete ESUS GALV, AN CONTRERAS 2016 PTE COLONIA OBISPADO NUEVO LEON CP 6406,		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	EMESTO GALV AV. HIDALGO	) Delete /AN CONTRE, RAS 2016 PTE COLONIA OBISPADO NUEVO LEON CP 6406,		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	JUAN FERNAN AV. HIDALGO	) Delete DO POTES, GONZALEZ 2016 PTE COLONIA OBISPADO NUEVO LEON CP 6406,		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	,	) Delete		Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: FRANCISCO JOSE SALCEDO MGR 02/27/2007

AV. HIDALGO 2016 PTE COLONIA OBISPADO

MONTERREY NUEVO LEON CP 6406,

Address:

City-St-Zip: