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Florida Department of State
Division of Corporations
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.

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jhyde@salans.com

CORPORATION REINSTATEMENT
IDS USA INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000000405

1. Corporation Name

IDS USA INC.

REINSTATEMENT 08-09

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2 Panasonic Way	2 Panasonic Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	P.O. Box 2398
City & State	City & State
Secaucus, New Jersey	Secaucus, New Jersey
Zip / Country	Zip / Country
07096 / USA	07096 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/23/07

5. FEI Number: 20-5757194 ☒ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ SEE Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

☐ The 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, acknowledge that I am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Chris McNeil — REGISTERED AGENT Assistant Secretary — Date: 11/12/09

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
Director	Paul McGuire	2 Panasonic Way, P.O. Box 2398	Secaucus, NJ 07096
Director	Srinivasan Parthasarathy	2 Panasonic Way, P.O. Box 2398	Secaucus, NJ 07096
Pres	Paul McGuire	2 Panasonic Way, P.O. Box 2398	Secaucus, NJ 07096
Secr	Peter Sandham	2 Panasonic Way, P.O. Box 2398	Secaucus, NJ 07096

10. E-mail Address: jhyde@selans.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: Peter Sandham, Secretary — 11/12/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL012 - 11/1/2009 CT System Online

11/12