

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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.****

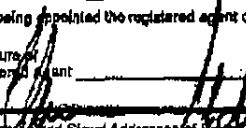
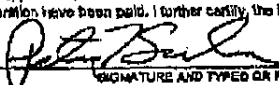
Email Address: jhyde@salans.com

CORPORATION REINSTATEMENT
IDS USA INC.

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

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P07000000405			
1. Corporation Name IDS USA INC.			
2. Principal Office Address - No P.O. Box # 2 Panasonic Way Suite, Apt. #, etc.		3. Mailing Office Address 2 Panasonic Way Suite, Apt. #, etc. P.O. Box 2398	
City & State Secaucus, New Jersey		City & State Secaucus, New Jersey	
Zip 07096	Country USA	Zip 07096	Country 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 request for a Certificate of Status...		☐ 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.	
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
8. I, being appointed the registered agent of the above named corporation, understand and accept the obligations of Section 607.0605 or 617.0503, F.S.			
Signature of Registered Agent 		Chris McNeely Date 11/12/09 REGISTERED AGENT Assistant Secretary	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	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@salans.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 Date 11/12/09 Daytime Phone #	

11/12