

2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 14, 2009
Secretary of State**

DOCUMENT# F08000001628

Entity Name: N(I)2 U.S.A., INC.

Current Principal Place of Business:

4446 ST-LAURENT BLVD STE 300
MONTREAL
QUEBEC, CANADA H2W 125,

New Principal Place of Business:

4446 ST-LAURENT BLVD STE 300
MONTREAL
QUEBEC, CANADA H2W 1Z5, QC H2W 1Z5 CA

Current Mailing Address:

4446 ST-LAURENT BLVD STE 300
MONTREAL
QUEBEC, CANADA H2W 125,

New Mailing Address:

4446 ST-LAURENT BLVD STE 300
MONTREAL
QUEBEC, CANADA H2W 1Z5, QC H2W 1Z5 CA

FEI Number: 98-0549280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORPORATING SERVICES, LTD.
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: KAREN E. ELLIOTT

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: DP () Delete
Name: HATCHUEL, JOSEPH
Address: 4446 ST-LAURENT BLVD STE 300
City-St-Zip: MONTREAL QUEBEC CANADA H2W125,

Title: DVST () Delete
Name: CASTONGUAY, PHILIPPE
Address: 4446 ST-LAURENT BLVD STE 300
City-St-Zip: MONTREAL QUEBEC CANADA H2W125,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: PHILIPPE CASTONGUAY

DVST

10/14/2009

Electronic Signature of Signing Officer or Director

Date