PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT 26 AM 10: 59

REINSTATEMENT 2010

800187105438
10/26/10--01039--001 **750.00

DOCUMENT # F09000002102

1. Corporation Name: Standen USA, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
170 West Road	2580 Sunrise Highway
Suite, Apt. #, etc.: Unit 9	Suite, Apt. #, etc.:
City & State: Portsmouth, NH	City & State: Bellmore, NY
Zip: 03801 Country:	Zip: 11710 Country:

CR2E061 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida: 6/4/09
5. FEI Number: 20-[illegible] ☐ Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Corp. Direct Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

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: Michelle Holder, Asst. Sect. Date: 10/13/2010
REGISTERED AGENT MUST SIGN

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
Pres.	Asaf Danziger	170 West Rd, Unit 9	Portsmouth, NH 03801
Sc.	Timothy Langloss	170 West Rd. Unit 9	Portsmouth, NH 03801
COO	Mike Ambrogi	170 West Rd. Unit 9	Portsmouth, NH 03801

10. E-mail Address: sschwartz@schwartz-cpa.com
(To be used for future annual report notification)

11. 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., and 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: M. Ambrogi 10/14/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 10/27