PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 JUL -2 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F10000000269

1. Corporation Name

BRANDAROMA USA, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6255 McLeod Drive	6255 McLeod Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Las Vegas NV	City & State: Las Vegas NV
Zip: 89120 Country: USA	Zip: 89120 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/19/2010

5. FEI Number: 271413472 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

300261915408

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: Emily Gray Asst VP Date: 7/1/14

REGISTERED AGENT MUST SIGN

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
Pres	David Neil Evans	6255 McLeod Drive	Las Vegas NV 89120
Tres.	David Neil Evans	6255 McLeod Drive	Las Vegas NV 89120
VP	Grant McIntosh Bailey	6255 McLeod Drive	Las Vegas NV 89120
Direct.	Theodore Kesten	6255 McLeod Drive	Las Vegas NV 89120
	REINSTATEMENT JUL 02 2014		
		R. HUNT	

10. **E-mail Address:** AP@AROMASYS.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: David Neil Evans 5/21/2014 702-982-0152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 115382 7883607

AUTHORIZATION :

COST LIMIT : $ 1200.00

ORDER DATE : May 1, 2014

ORDER TIME : 5:07 PM

ORDER NO. : 115382-130

CUSTOMER NO: 7883607

2014 JUL -2 AM 10: 44

SUFFICIENCY OF FILING

REINSTATEMENT

NAME: BRANDAROMA USA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray

JUL 02 2014

EXAMINER'S INITIALS R. HUNT