

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p> <p>DOCUMENT # F85347</p> <p>1. Corporation Name</p> <p style="text-align: center;">GKD-USA, INCORPORATED</p>		<p>FLORIDA DEPARTMENT OF STATE</p> <p>Sandra B. Mortham</p> <p>Secretary of State</p> <p>DIVISION OF CORPORATIONS</p>		<p>APPROVED AND FILED</p> <p>1997 DEC 18 PM 4:19</p> <p>SECRETARY OF STATE</p> <p>TALLAHASSEE, FLORIDA</p>	
<p>Principal Place of Business</p> <p>1367 Highland Avenue P.O. Box 975 Dunedin, FL 34698</p>		<p>Mailing Address</p> <p>1367 Highland Avenue P.O. Box 975 Dunedin, FL 34698</p>		<p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p style="text-align: center;">June 15, 1982</p>	
<p>2. New Principal Office Address, If Applicable</p> <p>N/A</p> <p>Suite, Apt. #, etc.</p>		<p>3. New Mailing Office Address, If Applicable</p> <p>5469 Moose Lodge Road</p> <p>Suite, Apt. #, etc.</p>		<p>5. FEI Number</p> <p style="text-align: center;">59-2194189</p>	
<p>City & State</p> <p>Zip Country</p>		<p>City & State</p> <p>Cambridge, Maryland</p> <p>Zip Country</p>		<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>	
<p>7. Names and Street Addresses of Each Officer and/or Director (If Florida nonprofit corporations must list at least 3 directors)</p>					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P/D/T	Tom Powley	5469 Moose Lodge Road	Cambridge, Maryland 21613		
S/D	Stephan Kufferath	5469 Moose Lodge Road	Cambridge, Maryland 21613		
				<p>6000002383906-5</p> <p>-12/26/97-01115-006</p> <p>****758.75 ****758.75</p>	
<p>REINSTATEMENT</p>					
<p>8. Name and Address of Current Registered Agent</p> <p>Arie Blok 4703 Wrentham Place Palm Harbor, FL 34685</p>			<p>9. Name and Address of New Registered Agent</p> <p>Name CT Corporation System</p> <p>Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road</p> <p>Suite, Apt. #, Etc.</p> <p>City Plantation State FL Zip Code 33324</p>		
<p>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</p> <p>Signature of Registered Agent <i>[Signature]</i> By: A. D. Hamilton, Asst. Secy. Date 12/17/97</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>					
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>					
<p>12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>					
<p>SIGNATURE: <i>[Signature]</i> Tom Powley, President Date 12/16/97 Daytime Phone # 410-231-0542</p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>					

CP25000 (12-96)