

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB -5 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002883

1. Corporation Name

GROUP USA, INC.

Principal Place of Business

25 ENTERPRISE AVENUE
SECAUCUS NJ 07094

Mailing Address

25 ENTERPRISE AVENUE
SECAUCUS NJ 07094



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97-98

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/22/1993	
City & State		City & State		5. FEI Number	
Zip		Zip		13-3177424	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	AMIRSALEH, MAHYAR	25 ENTERPRISE AVENUE	SECAUCUS NJ
D	AMIRSALEH, MEHRDAD	25 ENTERPRISE AVENUE	SECAUCUS NJ
D	AMIRSALEH, MAHYAR	25 ENTERPRISE AVENUE	SECAUCUS NJ
D	AMIRSALEH, FRANAK	25 ENTERPRISE AVENUE	SECAUCUS NJ 07094
D	AMIRSALEH, RIMA	25 ENTERPRISE AVENUE	SECAUCUS NJ 07094
ST	ALLAVERDIAN, RAFFI	25 ENTERPRISE AVENUE	SECAUCUS NJ

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Corporation Service Company Street Address (P.O. Box Number Is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, Etc. City TALLAHASSEE State FL Zip Code 32301-2607	

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.

Signature of Registered Agent: *Karen B. Rozar* Karen B. Rozar, It's Agent Date: 2-5-98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

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)(l), 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.

SIGNATURE: *Raffi Allaverdian* February 4, 1998 (201)867-6005

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



ACCOUNT NO. : 072100000032

REFERENCE : 624957 4383645

AUTHORIZATION :

COST LIMIT : \$ 900.00 *Patticia Pigute*

ORDER DATE : December 5, 1997

ORDER TIME : 9:56 AM

ORDER NO. : 624957-025

CUSTOMER NO: 4383645

CUSTOMER: Ms. Nanette D. Mestre
GROUP USA INC.

25 Enterprise Avenue

Secaucus, NJ 07094

DOMESTIC FILING

NAME: GROUP USA, INC.

EFFECTIVE DATE:

XXX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

EXAMINER'S INITIALS:

RECEIVED
98 FEB -5 AM 10:53
DIVISION OF CORPORATION