PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 23 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000004777

REINSTATEMENT 99-05

1. Corporation Name

HERSHAM USA INC

2. Principal Office Address	3. Mailing Office Address
P O BOX 80970	P O BOX 80970
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ROCHESTER, MI	City & State: ROCHESTER, MI
Zip: 48308 Country: USA	Zip: 48308 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/21/1995

5. FEI Number: 36-3960168 ☐ 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: LORI R. SIMS

700056391447
06/21/05--01035--001 *1658.75

Street Address (P.O. Box Number is Not Acceptable): 1400 W FAIRBANKS AVE

Suite, Apt. #, Etc.: SUITE 102

City: WINTER PARK State: FL Zip Code: 32789

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: Lori R Sims Date: 6/20/05

REGISTERED AGENT MUST SIGN

CR2E031 (01/05)

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
P	HARRIS, VICTOR	2 LEVERTON AVE, FELPHAM	W SUSSEX, ENGLAND P022 7RA
S	HARRIS, EILEEN	2 LEVERTON AVE, FELPHAM	W SUSSEX, ENGLAND P022 7RA

10. 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.

SIGNATURE: V. A. Harris VICTOR HARRIS 6/20/05

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