PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATION STATEMENT	FLORIDA DEPAR Secretary DIVISION OF CO	of State	. 030 . E	EC 30 PH	4: 14 FLORIDA			
DOCUMENT # F9600001604					CRE MASSER LAHASSER	., 1			
TERMI-MESH USA INC.									
		•							
2. Principa	I Office Address	3. Mailing Office Addres	•						
48 Century Road 10		101 E. Kennedy Blvd.		FINS"	PATER	MEART	17		
' '		Suite, Apt. #, etc.			a e a a com	es al	<u> </u>		
		Suite 2800			orated or Qualific ness in Florida	March 2	9, 1996		
City & State		City & State Tampa, FL	E ESINGAL		r		Applied Fo	or .	
Malaga Tam					82204		Not Applic	able	
6090	Western Austra	33602	USA	6. CERTIFICATE	OF STATUS DESI		ditional Fee rec ertificate of Sta		
7. Name and Address of Current Registered Agent									
	Name Gregory C. Yadley				700025857467				
**	Street Address (P.O. Boy Number is Not Acceptable)				1 2/30/0301031009 ** 750.00				
•	101 E. Kennedy Blvd.								
*	Suite, Apt. #, Etc. Suite 2800						ļ		
	^{city} Tampa					Code 602			
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					12/29/03				
Registered Agent REGISTERED AGENT MUST SIGN					Date		· -	2002004	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								7	
Titles	Name of	· · · · · · · · · · · · · · · · · · ·		City / State / Zip	· · · · · · · · · · · · · · · · · · ·				
	Officers and/or Directors		Officer and/or Director		Ony / State / Zip				
D	Agapi Toutountzis	72 Sea	72 Seaward Loop		Sorrento, Western Australia 6020				
P/D	Vasilios Toutountzis	72 Sea	72 Seaward Loop		Sorrento, Western Australia 6020				
C/D	Hideaki Tanikawa	48 Cen	48 Century Road		Malaga, Western Australia 6090				
S/T/D	Yoshio Matsuki	6-15 Hi	6-15 Higashi Yama-Cho Koyden		Nishinomiya JA				
AS	Gregory C. Yadley	101 E.	101 E. Kennedy Blvd., Suite 2800		Tampa, FL 33602				
			/						
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: Gregory C. Yadley 12/29/03 813/227-2238									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									

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