PPLICATION
FOR
INSTATEMENT

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

FILED
'00 JAN 10 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CUMENT # F98000003933

NDES U.S.A. CORPORATION

Place of Business
, Electronic Drive
ite B11
lbourne, Florida
935

Mailing Address
2425 Watt Street
Sainte-Foy (Quebec)
G1P 3X2

REINSTATEMENT 01-2000

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

Principal Office Address, If Applicable

Apt. #, etc.

State

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 07/10/1998

5. FEI Number 04-3123272

Applied For

Not Applicable

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

Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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
Paiement, Marc	475, Terrasse de la Capricieuse	Sainte-Dorothée (Quebec) H7X 2N8, Canada
Rochefort, Lucien	103, rue Abbé Ruelland	Beauport (Quebec) G1E 5L4, Canada
Foisy, Jacques	931, de Calais	Mont-Saint-Hilaire (Quebec) J3N 4T7, Canada
Chartrand, Jean-Pierre	1805, du Sommet Trinité	Saint-Bruno (Quebec) J3V 2N8, Canada
		700003099697--2 -01/14/00--01099--009 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

T CORPORATION SYSTEM
200 South Pine Island Road
iantation
lorida 33324

9. Name and Address of New Registered Agent

Name 700003099697--2 -01/14/00--01099--010

Street Address (P.O. Box Number is Not Acceptable) ******8.75 ******8.75

Suite, Apt. #, Etc.

City | State FL | Zip Code

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

PETER F. SOUZA
ASSISTANT SECRETARY

Date 1/7/00

REGISTERED AGENT MUST SIGN

. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [X] No [ ]

(See other side for information on intangible tax.)

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.

NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC PAIEMENT, President

January 5, 2000

Date

418-650-2425

Daytime Phone #

CR2E040 (1-98)