PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

97 DEC 23 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # K73109

1. Corporation Name

Linbon U.S.A., Inc.

Principal Place of Business	Mailing Address
N/A	c/o Steven M. Stoll, P.A. Attorneys at Law Attn: Steven M. Stoll, Esq. 1117 Ponce de Leon Drive Fort Lauderdale, Florida 33316-1360

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/09/89

5. FEI Number: 65-0105870 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Maurice H. Brotman	4660 Bonavista, #802	Montréal, Québec Canada H3W 2C5

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*****25.75 *****25.75

REINSTATEMENT

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Maurice H. Brotman 4660 Bonavista, #802 Montréal, Québec, Canada H3W 2C5	Name: Steven Stoll, P.A. Attorneys at Law Attn: Steven M. Stoll, Esq. Street Address (P.O. Box Number is Not Acceptable): 1117 Ponce de Leon Drive Suite, Apt. #, Etc.: City: Fort Lauderdale State: FL Zip Code: 33316-1360

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 _____ Date 12/22/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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.; 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: X _____ December 17, 1997 (514) 483-5718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR