

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SEC. OF STATE  
DIVISION OF CORPORATIONS  
06 FEB 24 AM 11:03

<b>DOCUMENT # L01000021641</b> 1. Entity Name STYNIK U.S.A., L.L.C.					
Principal Place of Business 2800 W Oakland Park Blvd. #101 Oakland Park, FL 33311				Mailing Address Same	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country		0222006    REIN-LLC    CR2E101 (11/05) 4. FEI Number 80-0002901	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent Dixon Alexandre 2800 W Oakland Park Blvd. #101 Oakland Park, FL 33311			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City      FL      Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Dixon Alexandre</u> DATE <u>2-22-06</u> <small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE</small>					
<b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LEMAIRE, GILLES R.R. #1 CHEVRIER ROAD SUMMERSTOWN, ONT. CANADA. koc 2eo <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	100067302861 03/07/06--01018--007 <input type="checkbox"/> Change <input type="checkbox"/> Addition    **\$100.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	REINSTATEMENT 05-06 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Dixon Alexandre</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>2-22-06</u> Daytime Phone # <u>615-36-0098</u>		