

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED
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1. Limited Liability Company's Name
ORIENT USA LLC

200060186402
10/03/05--01059--001 **200.00

CR2E041 (8/05)

2. Principal Office Address <u>10133 USA TODAY WAY</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>10133 USA TODAY WAY</u> Suite, Apt. #, etc.	
City & State <u>MIRAMAR, FLORIDA</u>		City & State <u>MIRAMAR, FLORIDA</u>	
Zip <u>33025</u>	Country	Zip <u>33025</u>	Country

4. State/Country of Formation <u>FLORIDA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>8/6/2002</u>	
6. FEI Number <u>13-4238579</u>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name ROZENCWAIG & FERRERO - CARR

Street Address (P.O. Box Number is Not Acceptable)
301 W. HALLANDALE BEACH BLVD.

Suite, Apt. #, Etc.

City HALLANDALE BEACH State FL Zip Code 33009

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] Date 11/18/05

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	STERENTAL, BRYAN	10133 USA TODAY WAY	MIRAMAR, FLORIDA 33025
MGRM	WAINBERG, HERY	10133 USA TODAY WAY	MIRAMAR, FLORIDA 33025

04-05

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] Date _____ Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager _____