PLEASE READ	ALL INSTRUCTIONS BEFORE C	OMPLETING THIS FORM.
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	edica rota in pro-
DOCUMENT # L95469 (7)	SWOISH OF SOME SWITTENS	97 APR -9 AM 8: 11
Corporation Name		SECRETARY OF STATE
CARDIN USA, INC.		TALL AHASSEE FLORIDA
Principal Place of Business	Mailing Address	
•		DEMOTATERATE
•		REINSTATEMENT Pab-9
New Principal Office Address. If Applicable CO REJEAN LAPIERRE	ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable C/O REJEAN LAPIERRE	Date Incorporated or Qualified To Do Business in Florida O / 22 / 1 0 0
Suite, Apt. #. etc. 7800 W. OAKLAND PARK BLVD.	Suite, Apt. #, etc. 7800 W. OAKLAND PARK BLVD.	5 EEI Niverbor
City & State BLDG. "G" SUNRISE, FLORIDA	City & State BLDG. "G" SUNRISE, FLORIDA	65-02218// Not Applicable
Zip Country 33351 USA	Zip Country 33351 USA	6. CERTIFICATE OF STATUS DESIRED S8 75 Additional Fee required for a Certificate of Status
Names and Street Addresses of Each Officer and/ Name of Officers	or Director (Florida nonprofit corporations must list at lease Street Address of Each	st 3 directors)
Title(s) and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box N	
P SERGE CARDIN	7800 W. OAKLAND PARK BLDG. "G"	SUNRISE, FLORIDA 33351
		5000021410364 -04/11/9701117001 ****915.00 ****915.00
8. Name and Address of Current I	Registered Agent Name	9. Name and Address of New Registered Agent
	REJEAN LAPIERRE Street Address (P.O. Box Number is Not Acceptable)	
	7800 W Suite, Apt. #, Etc.	
	City SUNRIS	State Zip Code FL 33351
\/	ve named corporation, am familiar with and accept the ob	figations of Section 607.0505, F.S.
Signature of Registered Agent Date 3/14/1997 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 🗓 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. 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: Serce loadin SERGE CARDIN 3/14/97 (954)7498802		
	NTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #