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MAY. 7. 2003 5:43PM [illegible] NO. 3702 P. 002

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L96000000955

1. Limited Liability Company's Name

EW USA, L.C.

REINSTATEMENT

2001
2003

2. Principal Office Address	3. Mailing Office Address
4 OLD OAK DR., SO.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM COAST, FL	City & State
Zip: 32137 Country: USA	Zip Country

4. State/Country of Formation: FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida: 8/28/96

6. FEI Number: 59 3428381 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CLAUS PETER ROEHR

Street Address (P.O. Box Number is Not Acceptable): 4 OLD OAK DRIVE, SOUTH

Suite, Apt. #, Etc.:

City: PALM COAST State: FL Zip Code: 32137

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: X [signature] Date: 5/27/2003

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MANAGING MEMBER	CLAUS P. ROEHR	4 OLD OAK DR., SO.	PALM COAST, FL 32137

$ 8.75

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: 5/27/03 Daytime Phone #: 386 447 9557

Typed or printed name of signing Managing Member/Manager: Claus-Peter Roehr

Florida Department of State
Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

EW USA, L.C.

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