FILED
02 JUL 23 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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-08/01/02--01013--013
****900.00 ****900.00

DOCUMENT # M88979

1. Corporation Name
POMERLEAU GROUP U.S.A., INC.

2. Principal Office Address	3. Mailing Office Address
153 E. PALMETTO PK. ROAD	215 NORTH EOLA DRIVE
Suite, Apt. #, etc.: #500	Suite, Apt. #, etc.:
City & State: BOCA RATON, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 33432 Country: USA	Zip: 32801 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/11/1988

5. FEI Number: 650105834 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JAMES J. HOCTOR

Street Address (P.O. Box Number is Not Acceptable): 215 NORTH EOLA DRIVE

Suite, Apt. #, Etc.:

City: ORLANDO State: FL Zip Code: 32801

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 7/9/02

CR2E031 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	HERVE POMERLEAU	5200 N. OCEAN BLVD. #714	FT. LAUDERDALE, FLORIDA 33308
		REINSTATEMENT 01-02 TO	

10. 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: By: [signature] 7/ /02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HERVE POMERLEAU, PRESIDENT