

10fz

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 FEB 17 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000065382

1. Corporation Name

Exsa - USA, Inc.
3120 N.W. 16th terrace
Pompano Beach, FL 33064-1409

2. Principal Office Address

3120 N.W. 16th terrace

Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip

33064-1409

Country

U.S.A.

3. Mailing Office Address

3120 N.W. 16th Terr.

Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip

33064-1409

Country

U.S.A.

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/7/2000

5. FEI Number

65-1021808

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

Tolga Adak

Street Address (P.O. Box Number is Not Acceptable)

3120 N.W. 16th Terrace

Suite, Apt. #, Etc.

City

Pompano Beach,

State

FL

Zip Code

33064-1409

100066555331

02/24/06--01012--021 **450.00

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

Date

REGISTERED AGENT MUST SIGN

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
Pres	Tolga Adak	3120 N.W. 16th Terr	Pompano Beach FL 33064

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell FEB 20 2006

2012

Exsa-USA, Inc.
3120 NW 16th Terrace
Pompano Beach, FL 33064-1409

February 10, 2006

Florida dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: P00000065382 Reinstatement

Dear Sir/Madam

Attached is a signed reinstatement Application for our Company.

We wish a waiver of the reinstatement fee due to non-receipt of the annual report notices.

Attached as well is our check in the amount of \$450.00 covering the annual report fee as well as the corporate supplemental fee for the 2004, 2005 reinstatement years and the 2006 annual filing.

Thank you very much

Sincerely,

Tolga Adak

