PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P01000024856 DOCUMENT

1. Corporation Name

PROUT SERVICES USA, INC.

Principal Place of Business

Mailing Address

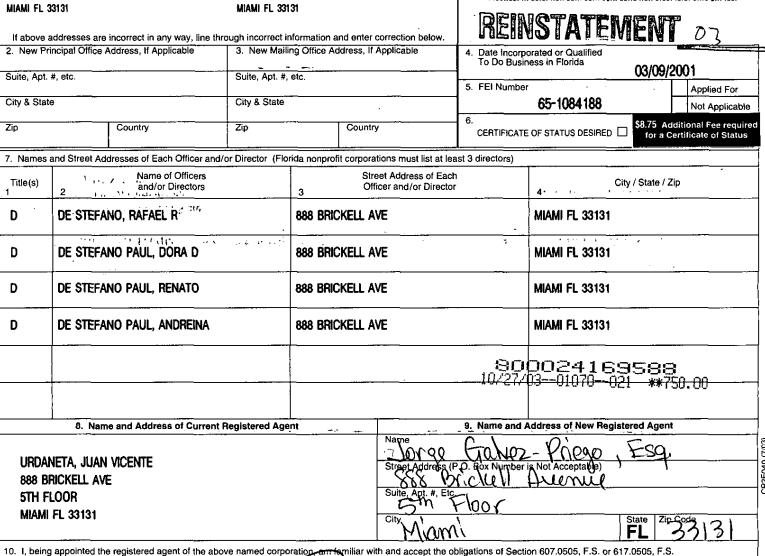
888 BRICKELL AVE 5TH FLOOR

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FILED

03 OCT 27 AM 9: 09

SECRETARY OF STATE FALLAHASSEE, FLORIDA



11. I certify that I am an officer or director or the receiver or trusted 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:

Signature of Registered Agent

YPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED