

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 27 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

601 000086067
SIMCORP FINANCIAL USA, INC.

2. Principal Office Address

555 S. FEDERAL Hwy

Suite, Apt. #, etc.

SUITE 400

City & State

BONAPART, FL

Zip

33432

Country

USA

3. Mailing Office Address

555 S. FEDERAL Hwy

Suite, Apt. #, etc.

SUITE 400

City & State

BONAPART, FL

Zip

33432

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

August 30, 2001

5. FEI Number

65-1134775

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

DR. R.J. BONNEAU

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

555 S. FEDERAL Hwy

Suite, Apt. #, Etc.

STE. 400

City

BONAPART

State

FL

Zip Code

33432

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

11/7/02

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
<i>P/D</i>	<i>DR. R.J. BONNEAU</i>	<i>555 S. FEDERAL Hwy</i>	<i>STE 400 BONAPART FL 33432</i>
<i>ST/P</i>	<i>GUY DUFRANE</i>	<i>555 S. FEDERAL Hwy</i>	<i>STE 400 BONAPART FL 33432</i>

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 X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.J. BONNEAU

Date

11/7/02

Daytime Phone #

561-750-9565

JAY C. SALYER, JR., P.A.

ATTORNEY AT LAW
555 SOUTH FEDERAL HWY. SUITE 200
BOCA RATON, FL 33432
TEL: 561-361-8494
FAX: 561-750-7353
jaysalyer@bellsouth.net

November 26, 2002

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

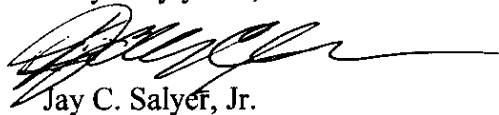
Re: Simcorp Financial USA, Inc.
P01000086067

Dear Sirs:

Enclosed please find the Corporation Reinstatement form for the above profit corporation along with a check for \$150.00 as the filing fee. I also enclose a separate check for \$8.75 for a Certificate of Status of the corporation once reinstated.

Please be advised that the UBR was not received by the corporation. It must have been sent to the previous address, and it was not forwarded on to the corporation.

Very truly yours,



Jay C. Salyer, Jr.

JS/ds enc.