


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED
05 SEP 12 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-05

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000099363

1. Corporation Name
NIKA USA CORP

2. Principal Office Address
81 FOUNTAIN GATE LANE

3. Mailing Office Address
81 FOUNTAIN GATE LANE

Suite, Apt. #, etc.

City & State
PALM COAST FL

City & State
PALM COAST FL

Zip Country
32137 Flagler

Zip Country
32137 FLagler

4. Date Incorporated or Qualified To Do Business in Florida 10.12.02

5. FEI Number 59-3753966 Applied For Not Applicable

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

CR2E081 (8/05) SEP 14 2005

7. Name and Address of Current Registered Agent

Name
ELENA KOTOMINA

Street Address (P.O. Box Number is Not Acceptable)
25 OLD KINGS RD N

Suite, Apt. #, Etc.
8C

City State Zip Code
PALM COAST FL 32137

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]* Date 09.09.05

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
PSTD	ERMOLAEV VALERY	81 FOUNTAIN GATE LN	PALM COAST FL 32137

000059535420
09/12/05--01054--008 **450.00

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: *V. Ermolov* 09.09.2005 386-446-2922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

09 2 42

09.09.2005

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
REINSTATEMENT SECTION

RE: NIKA USA, CORP

PLEASE BE ADVISED THAT WE APPLIED FOR REINSTATEMENT OF THE COMPANY, BECAUSE WE WOULD LIKE TO HAVE OUR COMPANY IN ACTIVE STATUS. WE ARE READY TO PAY ANNUAL FEE FOR THE LAST THREE PREVIOUS YEARS AND WOULD LIKE TO ASK YOU ACCEPT OUR FEES AND ~~MAKE OUR COMPANY ACTIVE.~~ WE ALSO WOULD LIKE TO INFORM YOU THAT WE DID NOT PAY \$150.00 FEE BECAUSE WE DID NOT RECEIVE THE ANNUAL REPORTS. PLEASE ACCEPT OUR APPOLOGIES. THANK YOU VERY MUCH FOR OUR HELP.

SINCERELY,
V. Ermolaev
VALERY ERMOLAEV
PRESIDENT