PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 10 AM 8:45

DOCUMENT # P02000051781

1. Corporation Name
ZMD USA, Inc.

REINSTATEMENT $750.00

2. Principal Office Address
423 MAPLE POINTE DR.
Suite, Apt. #, etc.
City & State
SEFFNER, FL
Zip 33584 County USA

3. Mailing Office Address
SAME
Suite, Apt. #, etc.
City & State
Zip County

4. Date it incorporated or Qualified To Do Business in Florida MAY 6, 2002

5. FEI Number 421536803 Applied For / Not Applicable

6. CERTIFICATE OF STATUS HEREO ☒

7. Name and Address of Current Registered Agent
Name
DIDARALI ALLIDINA
Street Address (P.O. Box Number is Not Acceptable)
423 MAPLE POINTE DR.
Suite, Apt. #, Etc.
City SEFFNER State FL Zip Code 33584

200024574042
11/10/03--01113--009 **758.87

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.
Signature of Registered Agent Dr Allidina Date 11/5/03
REGISTERED AGENT MUST SIGN

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

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| C.E.O | DIDARALI ALLIDINA | (CEO) 423 MAPLE POINTE DR. | SEFFNER, FL, 33584 |
| SEC | ZARINA ALLIDINA | (SECRETARY) 423 MAPLE POINTE DR. | SEFFNER, FL 33584 |
| CFO | MAHIL ALLIDINA (CFO) | 423 MAPLE POINTE DR. | SEFFNER, FL 33584 |
| | | | |
| | | | |

~~11/10/03--01113--009 **758.75~~

10. I certify that I am an officer or director of the corporation 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., taxes as owed by the corporation have been paid and the names of individuals listed on this form do not qualify for 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: Dr Allidina 11/5/03 813-651-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/26