PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPORATION ()** REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 04 NOV -1 AM 10: 17 |
| DOCUMENT # <i>P03000058417</i> 1. Corporation Name | | SEGRETARY OF STATE TALLAHASSEE, FLORIDA |
| POLYETHICS USA. | Inc. | |
| 2. Principal Office Address | 3. Mailing Office Address | |
| 15251 FLIGHT PATH | DR | DENISTRATEDIESIF AU |
| Suite, Apf. #, etc. | Suite, Apt, #, etc. | 4. Date Incorporated or Qualified |
| City & State BROOKSVILLE, FL | City & Stale | To Do Business in Florida TuN5 1/2003 5. FEI Number Applied For |
| Zip Country | Zip Country | 93-0360279 Not Applicable |
| 34604 USA | | CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status |
| 7. Name and Address of Current Registered Agent | | |
| Name DEREK | RYNARD | |
| Street Address (P.O. Box Number is N | des Alexandeles | 200 |
| Suite, Apt. #, Etc. | | |
| Gate, Apr. 17, Cit. | · | |
| City BROOKSVIL | .LG | State Zip Code 34604 |
| 8. I, being appointed the registered agent of the above needed comporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. | | |
| Signature of Registered Agent | EGISTERED AGENT MUST SIGN | Date OCT 26/04 |
| 9. Names and Street Addresses of Each Officer an | d/or Director (Florida nonprofit corporations must list at lea | ast 3 directors) |
| Titles Name of Officers and/or Directors | Street Address of Each | 000000000000000000000000000000000000000 |
| PRES DEREK RYNAR | D -15477 SARATO | GA DR BROOKSVILLE FL |
| | | 34604 |
| | | V1016 |
| | | Benis |
| | | 500042367385 |
| | | 11/01/0401082020 **750.00 |
| · | | |
| 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: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Property | | |
| SIGNATURE AND TYPE OF TH | MAKE UP SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |