PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000107619

1. Corporation Name

JUPITER USA, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
Ika Freudenbergstr. 51	Ika Freudenbergstr. 51
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: München	City & State: München
Zip: 81829 Country: Germany	Zip: 81829 Country: Germany

CR3K001 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: October 1, 2003

5. FEI Number: 20-0300671 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: No — $5.75 Additional is required for a Certified Copy

7. Name and Address of Current Registered Agent

Name: Urban Thier & Federer, P.A.

Street Address (P.O. Box Numbers Not Acceptable): 200 South Orange Ave.

Suite, Apt. #, etc.: Suite 2000

City: Orlando — State: FL — Zip Code: 32801

400283974674
06/13/17--01003--001 **150.00

400283974674
03/30/16--01013--017 **1050.00

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: _____ REGISTERED AGENT MUST SIGN — Date: 03/17/2016

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
P,S	Thomas Fabian	Ika Freudenbergstr. 51	81829 München, Germany
D	Thomas Fabian	Ika Freudenbergstr. 51	81829 München, Germany

REINSTATEMENT

2014-2016

10. E-mail Address: thier@urbanthier.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the reclaver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 3/19/2016
SIGNATURE AND TITLE OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #