PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAY 27 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-10

800181437528
05/27/10--01048--027 **180.00

DOCUMENT # P03000115231

1. Corporation Name
CR SIGNATURE HOLDING, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
32, les roux	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Germain de Lusignan	City & State
Zip: 17500 Country: France	Zip Country

CR2E081 (4/10)

4. Date Incorporated or Qualified To Do Business in Florida: 10/16/2003

5. FEI Number: 20-0685848 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

PROFIT CORPORATIONS ONLY

☐ The $600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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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: Mark S. Eppley Assistant Vice-President and Secretary
REGISTERED AGENT MUST SIGN

Date: 5/20/10

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
D/P	Christian Radoux	32, les roux	St. Germain de Lusignan 17500 France
S	Stéphane Radoux	10, avenue Faidherbe	17500 Jonzac France

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2C 5/28

10. E-mail Address: c-radoux@cr-hldg.com
(To be used for future annual report notification)

11. 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. 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.

SIGNATURE: Theodore R Walters Authorized Agent 20 May 10 (239) 262-8311

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