## 2005 FOR PROFIT CORPORATION REINSTATEMENT

	KEINSTA	I EIAIEIA I		feta i i com co.
DOCUMENT # P0400000535  1. Entity Name				FILED
	SENCE USA, INC.			05 APR 25 PM 5: 44
			90 00 10	LICATIARY OF STATE
Principal Place		Mailing Address	v.n	CRETARY OF STATE
SUITE 470	DE LEON BLVD.	4000 PONCE DE LEON BL SUITE 470	VD.	- Louis
	ES, FL 33146	CORAL GABLES, FL 3314	6	A INDICATE ALL SAIM SIGN BRIM SCHINGEN BUTH STILL BUTH SUND STIES IN SE STIEST IN SE
2 Principal P	age of Business	3. Mailing Address		
	CORTEZ ROAD WEST	4424 CORTEZ	z ROADW	ST   I DOMOGRAM DE HA DOM DE HANDE DE H
Suite, Apt.		Suite, Apt. #, etc.		04202005 REIN-P CR2E098 (6/04)
	ENTON, FL	BRADENTO	Y,FL	4. FEI Number Applied For Not Applicable
3921	O Country USA	<del>                                     </del>	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
WILLIAMS	, JOANNE CE DE LEON BLVD.		<u> </u>	WILLIAMS, JOANNE ess (P.O. Box Number is Not Acceptable)
SUITE 470 CORAL GABLES, FL 33146			635	3 YELLOWTOP DRIVE
			City B	RADENTON FL 34202
8. The above	named entity submits this statement for	r the ourpose of changing its red		gistered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agents				
SIGNATURE Signature, type-dip: printed name of regulared agent and title if applicable. (NOTE: Registered Agent algreture required when retreatating)  OANIE  ONLER / PRESIDENT) 04.21.05				
· Fil	LE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE	Change Addition
NAME	WILLIAMS, JOANNE		NAME L	DILLIAMS JOANNE 0353 YELLOWTOD DRIVE
STREET ADDRESS CITY-ST-ZIP	4000 PONCE DE LEON BLVD. S	SUITE 470	STREET ADDRESS (	BRADENTON, FL 34202
TITLE	CORAL GABLES, FL 33146	☐ Delete	TIRE	Change Addition
NAME		CT Delets	NAME	
\$TREET ADDRESS	ı		STREET ADORESS	05710705-5142-025-730.00
CITY-ST-ZIP			CITY+ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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NAME STREET ADDRESS			NAME STREET ADDRESS	
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TITLE		☐ Delete	TITLE	. Change Addition
NAME		☐ Delete	TITLE NAME	. Change Addition
		☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	
NAME STREET ADDRESS CITY-ST-ZIP TITLE			TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby indicated	l on this report or supplemental report is	□ Delete  In this filing does not qualify for the strue and accurate and that my	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP THE exemption states signature shall have	☐ Change ☐ Addition  If in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby indicated of the coi	l on this report or supplemental report is	n this filing does not qualify for the strue and accurate and that my owered to execute this report as with all other like empowered.	TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  ne exemption states signature shall have required by Chap	☐ Change ☐ Addition  If in Section 119.07(3)(i), Florida Statutes. I further certify that the information e the same legal effect as if made under oath; that I am an officer or director er 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby indicated of the coi	I on this report or supplemental report in poration or the receiver or trustee emp , or on an attachment with appaddless.	n this filing does not qualify for the strue and accurate and that my owered to execute this report as with all other like empowered.	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  De exemption states signature shall have required by Chap	☐ Change ☐ Addition  If in Section 119.07(3)(i), Florida Statutes. I further certify that the information e the same legal effect as if made under oath; that I am an officer or director er 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if