

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 NOV 19 PH 2:26

STATE OF FLORIDA  
ALLAHASSEE, FLORIDA

DOCUMENT # P04000039766

1. Corporation Name

GULCAN USA, INC.

2. Principal Office Address - No P.O. Box #  
16500 Collins Ave

3. Mailing Office Address

Suite, Apt. #, etc.  
Apt No. 755

Suite, Apt. #, etc.

City & State  
Sunny Isles Beach FL 33160

City & State

Zip Country

Zip Country

**REINSTATEMENT** 06-08  
CR2E081 (10/08)

4. Date Incorporated or Qualified To Do Business in Florida 03/02/2004

5. FEI Number  Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

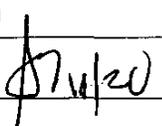
Name  
Larry L. Adair  
Street Address (P.O. Box Number is Not Acceptable)  
2400 W. Sample Rd.  
Suite, Apt. #, Etc.  
Suite 7  
City  
Pompano Beach  
State  
FL  
Zip Code  
33073

The 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.

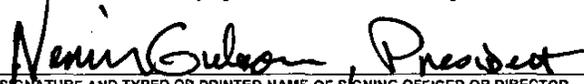
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date 11/13/2008  
REGISTERED AGENT MUST SIGN

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/D	Nesim Gulcan	16500 Collins Ave No 755	Sunny Isles Beach FL 33160
D	Vivian Gulcan	16500 Collins Ave No 755	Sunny Isles Beach FL 33160
S/D	Yusuf Gulcan	16500 Collins Ave No 755	Sunny Isles Beach FL 33160
D	Ronit Gulcan	16500 Collins Ave No 755	Sunny Isles Beach FL 33160
			000138097770 11/13/08--01034--001 **1058.75

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 contained in Chapter 119, 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:  PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/2008 (954) 978-1466  
Date Daytime Phone #