

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000095439

Entity Name: HARP USA INC.

FILED
Nov 15, 2006
Secretary of State

Current Principal Place of Business:

C/O HARP INTERNATIONAL LTD.
GELLIHIRION INDUSTRIAL ESTATE
PONTYPRIDD, CF37 5SX, UK

Current Mailing Address:

C/O HARP INTERNATIONAL LTD.
GELLIHIRION INDUSTRIAL ESTATE
PONTYPRIDD, CF37 5SX, UK

New Principal Place of Business:

C/O HARP INTERNATIONAL LTD.
GELLIHIRION INDUSTRIAL ESTATE
PONTYPRIDD, CF37 5SX, XX XXXXX UK

New Mailing Address:

101 NE 3RD AVENUE
SUITE 1500
FORT LAUDERDALE, FL 33301 US

FEI Number: 75-3207938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CFRA, LLC
4221 W. BOY SCOUT BOULEVARD
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AMY LEIGH CARSTENSEN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Change (X) Addition
Name: WELLS, PETER L
Address: GELLIHIRION INDUSTRIAL ESTATE
City-St-Zip: PONTYPRIDD, CF37 5SX, XX XXXXX UK

Title: DST () Change (X) Addition
Name: DAVIES, BRYAN J
Address: GELLIHIRION INDUSTRIAL ESTATE
City-St-Zip: PONTYPRIDD, CF37 5SX, XX XXXXX UK

Title: VP () Change (X) Addition
Name: WELLS, ABIGAIL S
Address: GELLIHIRION INDUSTRIAL ESTATE
City-St-Zip: PONTYPRIDD, CF37 5SX, XX XXXXX UK

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN J. DAVIES

DST

11/15/2006

Electronic Signature of Signing Officer or Director

Date