2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000149207

DALMASSO, PASCAL

AIX EN PROVENCE, FR 13100 FR

27 RUE PORTALIS

Name:

Address:

City-St-Zip:

Entity Name: DEJA VU USA INC

FILED May 21, 2009 Secretary of State

Current P	rincipal Pl	ace of Business	s:	New Prince	New Principal Place of Business:			
300 SOUTH POINTE DRIVE					380 SOUTH HISBISCUS DRIVE			
2602 MIAMI, FL 33139 US				MIAMI, FL	33139 US	i		
Current M	lailing Add	lress:		New Maili	New Mailing Address:			
300 SOUTH POINTE DRIVE					380 SOUTH HISBISCUS DRIVE			
2602 MIAMI, FL 33139 US				MIAMI, FL	MIAMI, FL 33139 US			
FEI Number:	: 38-3761517	FEI Number	Applied For ()	FEI Number Not App	licable ()	Certifica	ate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
KATZ, MICHAEL 300 SOUTH POINTE DRIVE 2602 MIAMI, FL 33139 US				400 SÓUT 1208	KATZ, MICHAEL 400 SOUTH POINTE DRIVE 1208 MIAMI, FL 33139 US			
	e named ent e of Florida.		statement for the pur	pose of changing	its registered	office or ı	registered agent, or both,	
SIGNATUR	RE: MICH	AEL KATZ			05/21/2009			
	Elec	tronic Signature	of Registered Agent		Date			
		7.193(2)(b), F.S., th cing Trust Fund C	e corporation did not re	eceive the prior notic	e.			
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P GARCIA, M 4 RUE DE I AIX EN PRO) FR	Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:		() Delete NDSAY B ON AVENUE K, NY 10021 NY		Title: Name: Address: City-St-Zip:	VP () SMITH, LYND: 47 EAST 64 S NEW YORK, N	SAY B TREET	() Addition	
Title: Name: Address:	T CORNEC, A 1 AVENUE	()Delete ALEXIA JEAN MOULIN		Title: Name: Address:	T () EVE, ALBERT 90 RUE DE L	0	() Addition	
City-St-Zip:	AIX EN PR	OVENCE, FR 13100) FR	City-St-Zip:	AIX EN PROV		13100 FR () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARC GARCIA P 05/21/2009