

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33211

1. Corporation Name

VIRTUAL PROTOTYPES U.S.A., INC.

Principal Place of Business

Mailing Address

4700 DE LA SAVANE
MONTREAL, QUEBEC
CANADA H4P 1T7

4700 DE LA SAVANE
MONTREAL, QUEBEC
CANADA H4P 1T7

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/1991

5. FEI Number

98-0095832

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	VILLENEUVE, LUC EUGENE JOSEPH	1981, RUE MCGILL COLLEGE, DE ETAG 8 SURREY GARDEN	MONREAL-QUEBEC H3A 3C7 WESTMOUNT QC H3Y 1N3
D	ZURLO, PAUL FARAZ DANESHGAR	600 ATLANTIC AVENUE, SUITE 2800	BOSTON MA 02210
D	PHILIPPE COLLARD 40 VIRTUAL PROTOTYPES	4700 DE LA SAVANE	MTL QC H4P 1T7
D	BARBIER, JEAN-MICHEL	173 BOULEVARD HAUSEMANN	75415 PARIS CEDIX 08
D	SOPHIE FOREST c/o SURENOV	1981 Rue McGill COLLEGE	MTL QC H3A 3C7
D	HAMEL, BERNARD	255, RUE ST-JACQUES OUST	MONTREAL H2Y 1M6
D	HUBERT HANSEAU c/o INNOVATECH	2040 UNIVERSITE	MTL QC H3A 2A5
D	SIMONS, JOHN	3514 AVENUE DE MUSEE	MONTREAL QUEBEC J3G 2C7
D	JOFFRE, STEVEN	130, RUE WILSON	DOLLARD-DES-ORMEAUX H9A 1W8
S	FRIEDMAN ARON 40 VIRTUAL PROTOTYPES	4700 De la Savane	MTL QC

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

100002366851-9

-12/03/97-01062-009

****750.00 ****750.00

State Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/12/97

Dwight A. Coors, Asst. Secretary

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for Information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Aaron Friedman

ARON FRIEDMAN

Date

Daytime Phone #

11/24/97 514-341-3814

CP2E040 (8/97)