PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 FEB -9 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000010395

1. Corporation Name

ALME COMPANY USA, INC.

Principal Place of Business	Mailing Address
3500 45TH STREET WEST PALM BEACH, FL 33407	

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: 2/2/94

5. FEI Number: 65-0467660 — 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
LOTHAR ENDRO/ PRESIDENT			
		2290 Seven Oaks Lane	Palm Beach Gardens, FL 33410
			200002426742--1 -02/10/98--01059--001 ****308.75 ****308.75
I		**REINSTATEMENT** 97-98	
			SL 2-9-98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Martin E. Washofsky, E.A., P.A. 1803 South Australian Avenue Suite A West Palm Beach, FL 33409	Name: Erskine C. Rogers, III, Esq. Street Address (P.O. Box Number is Not Acceptable): 1803 Australian Avenue South Suite, Apt. #, Etc.: Suite A City: West Palm Beach — State: FL — Zip Code: 33409

CR2E040 (12/96)

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: [signature] REGISTERED AGENT MUST SIGN — Date: February 4, 1998

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: [signature] — February 4, 1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #