PLEASE READ ALL IN TRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION 02 JUN -7 AH II: 58 Katherine Harris REINSTATEMENT Secretary of State SECRÉTARY OF STATE TALLAHASSEE, FLORIDA DIVISION OF CORPORATIONS P94000045733 DOCUMENT # 1. Corporation Name Maxiprest USA., Inc. 3. Mailing Office Address 770 Glenleigh Suite, Apt, #, etc. Date Incorporated or Qualified 6/20/94 To Do Business in Florida City & State City & State 5. FEI Number Not Applicable Country \$8.75 Additional Fee required 7. Name and Address of Current Registered Agent Shave/1 Box Number is Not Acceptable) 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors City / State / Zip OFF 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 filling 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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SIGNATURE: