

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 27 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000065238

1. Corporation Name

INVINCIBLE HOLDINGS USA, INC.

2. Principal Office Address

3. Mailing Office Address

One Southeast Third Ave. One Southeast Third Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2130

Suite 2130

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33131

USA

33131

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/27/1994

5. FEI Number

65-0518002

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

COPROLITE CORPORATION

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

One Southeast Third Avenue

Suite, Apt. #, Etc.

Suite 2130

City

Miami

State

FL

Zip Code

33131

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

Date 2/22/01

REGISTERED AGENT MUST SIGN **STEPHEN A. BLASS, Vice President**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/S	BULMAN, MARINA	20 Farrington Drive	M2L2B6 Toronto, Ontario, CANADA
P/D	MALKINE, VITALI	20 Farrington Drive	M2L2B6 Toronto, Ontario, CANADA

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marina Bulman

Secretary

Date

2/14/01

305-377-9353

Daytime Phone #

CR2E081 (9/00)