PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000044336

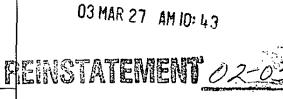
1. Corporation Name

GEDCO USA, INC.

Principal.	Place o	f Business

Mailing Address

6100 DEACON DR WINDERMERE FL 34786 200 S ORANGE AVE





HEIDN OF CORPORATION

,			ORLANDO FL 32801-3432 US								
If above a	addresses are	incorrect in any way, line th	rough incorrect in	nformation a	nd enter c	orrection below.	BS .				
			ling Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 06/08/1995					
		Suite, Apt. #	Suite, Apt. #, etc. City & State								
		City & State				5. FEI Numbe	59-3319371	Applied For Not Applicable			
=Zip-=-		Country	Zip		=Country		CERTIFICATE	E OF STATUS DESIRED []	\$8.75 Additi	onal Fee required E	
7. Names	and Street Ad	Idresses of Each Officer and	Vor Director (Flo	rida nonprofi	it corporat	ions must list at lea	ast 3 directors)				
Title(s)	2	Name of Officers and/or Directors		3		et Address of Each cer and/or Director		City ,	/ State / Zip		
PD	- 			6100 DE	6100 DEACON DR			WINDERMERE FL 34786			
VS	LLOYD, KATHY			6100 DEACON DR				WINDERMERE FL 34786			
T	T PIERCY, TYLER			6100 DEACON DRIVE			WINDERMERE FL 34786				
			<u> </u>					500013737815 03/10/0301085024 **900.00			
-											
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent						
		-	to one	ه سوبست	eprone in	Name					
A.G.C. CO.			Street Address (P.O. Box Number is Not Acceptable)								
	ORANGE A				ļ					926	
	2300		~	_ 		_Suite, Apt. #, Etc.					
ORLANDO FL 32801-3432				City State Zip Code				de			
10 I, being	appointed the	e registered agent of the abo	ove named corpo	pration, am fa	amiliar with	and accept the ol	oligations of Secti				
Signature of Registered	Agent	S/S///	CUSTERED AC	ME.	QU SIGN - C	IRED		Date 3/A	8/03	3	
		RANGE DELIKE	W WWZ	100	SHOOLS.	W					

11. 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. 1 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/07

Daytime Phone #