

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 22 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000054583**

1. Corporation Name

CSI USA, Inc.

2. Principal Office Address

2011 NW 89th Pl.

Suite, Apt. #, etc.

3. Mailing Office Address

2011 NW 89th Pl.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33172

Country

USA

Zip

33172

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650-768362

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

64-05

7. Name and Address of Current Registered Agent

Name

Anders Bergstrom

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

2011 NW 89th Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33172

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

[Signature]

Date

1/31/05

REGISTERED AGENT MUST SIGN

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
President	Anders Bergstrom	2011 NW 89th Pl.	Miami, FL 33172

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 597-7095

Daytime Phone #

CR2E081 (01/05)