

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
07 AUG 27 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000027212

1. Corporation Name

**EDMUNDS INTERNATIONAL (USA), INC**

2. Principal Office Address - No P.O. Box #

1012 Tangelo Isle

Suite, Apt. #, etc.

3. Mailing Office Address

1500 NE 51 Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33315-1661

Country

USA

Zip

33334-5710

Country

USA

**REINSTATEMENT** 99-07

4. Date Incorporated or Qualified To Do Business in Florida

3/23/1998

5. FEI Number

65-0897267

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

John Perry

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

1012 Tangelo Isle

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33315-1661

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*John Perry*  
REGISTERED AGENT MUST SIGN

Date

8/23/07

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
P/D	John Perry	1012 Tangelo Isle	Fort Lauderdale, FL 33315-1661

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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 contained in Chapter 119, 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:

*John Perry* President/Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/23/07

954-478-4301

Daytime Phone #