

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/19/02--01058--026
***1350.00 ***1350.00

9802 *[Signature]*

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Hams Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000003845			
1. Corporation Name USA Detergents, Inc.			
2. Principal Office Address 469 North Harrison Street		3. Mailing Office Address 469 North Harrison Street	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State Princeton NJ NJ		City & State Princeton NJ	
Zip 08543	Country USA	Zip 05843	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 08/09/95	
5. FEI Number 11-2935430	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name C T Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
Suite, Apt. #, Etc.		
City Plantation	State FL	Zip Code 33324

8. I, being appointed the registered agent of the abode named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, VS.

Signature of Registered Agent *[Signature]* **ANN J. WILLIAMS**
REGISTERED AGENT MUST SIGN Assistant Vice President Date 6/27/02

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
Pres.	Robert A. Davies III	469 North Harrison Street	Princeton NJ 08543
VP/Secy	Mark A. Bilawsky	469 North Harrison Street	Princeton NJ 08543
Treas.	Zvi Eiref	469 North Harrison Street	Princeton NJ 08543
Director	Robert A. Davies III	469 North Harrison Street	Princeton NJ 08543
Director	Dennis Moore	469 North Harrison Street	Princeton NJ 08543
Director	Zvi Eiref	469 North Harrison Street	Princeton NJ 08543

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)(j), 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
Mark A. Bilawsky, Vice President and Secretary

Date: May 20, 2002 (609) 683-5900
Daytime Phone #