

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 NOV 28 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P27912

1. Corporation Name

Polycore Enterprises (U.S.A.), Inc.

2. Principal Office Address - No P.O. Box #
400 Orchard Road

3. Mailing Office Address
555 South Flower Street

Suite, Apt. #, etc.
#22-06

Suite, Apt. #, etc.
31st Floor

City & State

City & State
Los Angeles, California

Zip
238875

Country
Singapore

Zip
90071

Country
USA

REINSTATEMENT
CR2E081-(1/07) 07

4. Date Incorporated or Qualified To Do Business in Florida
Jan. 29, 1990

5. FEI Number
770077970

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
The Prentice-Hall Corporation System, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee

State
FL

Zip Code
32301

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

Cynthia L. Harris

Cynthia L. Harris
1st. Vice President

Date

11/28/07

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
PTD	Immanuel W. Widjaja	400 Orchard Road #22-06	Singapore 238875
SD	Sammy Sumargo	400 Orchard Road #22-06	Singapore 238875

000112648840

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:

Sammy Sumargo

Sammy Sumargo

213-689-6504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

282

ACCOUNT NO. : 072100000032

REFERENCE : 334267 4358382

AUTHORIZATION

Signature

COST LIMIT : \$ 150.00

ORDER DATE : November 28, 2007

ORDER TIME : 9:26 AM

ORDER NO. : 334267-005

CUSTOMER NO: 4358382

DOMESTIC FILINGS

NAME: POLYCORE ENTERPRISES (U.S.A.),
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris - Ext# 2937

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 NOV 28 AM 10:43
IN ADVANCE OF FILING
SUFFICIENCY OF FILING