


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR -3 AM 8:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA7000042784

1. Corporation Name
Innovations Company USA, Inc.

2. Principal Office Address 10097 Cleary Blvd.		3. Mailing Office Address 10097 Cleary Blvd.	
Suite, Apt. #, etc. Suite 346		Suite, Apt. #, etc. Suite 346	
City & State Plantation, FL		City & State Plantation, FL	
Zip 33324	Country USA	Zip 33324	Country USA

REINSTATEMENT 04-04

4. Date Incorporated or Qualified To Do Business in Florida
May '94

5. FEI Number
65-0752583

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
Paul Leger

Street Address (P.O. Box Number is Not Acceptable)
10097 Cleary Blvd.

Suite, Apt. #, Etc.
Suite 346

City
Plantation

State
FL

Zip Code
33324

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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 _____ Date 2/25/04

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
Pres-	Paul Leger	10097 Cleary Blvd., Suite 346	Plantation, FL - 33324

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: _____ Date 2/25/04 800-966-7260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E081 (01/04)