2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000005666

Entity Name: IFB AMERICAS, INC.

FILED Aug 08, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

815 NW 57 AVE 36-42 NEWARK STREET

SUITE 220 SUITE 302

MIAMI, FL 33126 HOBOKEN, NJ 07030 US

New Mailing Address: Current Mailing Address:

815 NW 57 AVE 36-42 NEWARK STREET SUITE 220

SUITE 302

MIAMI, FL 33126 US HOBOKEN, NJ 07030 US

FEI Number: 20-4746772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PAREJA, DENISE CORPORATION SERVICE COMPANY 815 NW 57 AVE, STE 220 1201 HAYS STREET

MIAMI, FL 33126 TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TRACY MANGANELLI 08/08/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRFS

Name: MARIC, SASCHA DR.

36-42 NEWARK STREET, SUITE 302 Address:

City-St-Zip: HOBOKEN, NJ 07030 US

Title: VΡ

NETT, WOLFGANG J DR. Name:

36-42 NEWARK STREET, SUITE 302 Address:

HOBOKEN, NJ 07030 US City-St-Zip:

Title: VΡ

HINCEMON-MACINTYRE, BRIANA Name: 36-42 NEWARK STREET. SUITE 302 Address:

City-St-Zip: HOBOKEN, NJ 07030 US

Title: ASST

BRUHIN, JENNIFER Name:

Address: 36-42 NEWARK STREET, SUITE 302

City-St-Zip: HOBOKEN, NJ 07030 US

Title: DIRE

Name: GREINER, OLIVER

36-42 NEWARK STREET. SUITE 302 Address:

City-St-Zip: HOBOKEN, NJ 07030 US

Title: DIRE

Name: STEGMANN, CLAUS

36-42 NEWARK STREET, SUITE 302 Address:

City-St-Zip: HOBOKEN, NJ 07030 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRUHIN JENNIFER ASST 08/08/2012