

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 11 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000009813990
02/11/03--01031--021 **150.00

01-03

01-03-03 01059 005 \$900.00

DOCUMENT # P00000080213

1. Corporation Name

COMPUMAY USA, INC

2. Principal Office Address

11723 NW 12 ST.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

FL

Zip

33026

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/24/00

5. FEI Number

65-1054-269

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Abdiel Labarca

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

11723 N.W. 12 Street

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33026

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

REGISTERED AGENT MUST SIGN

Date

02/05/03

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.	Abdiel Labarca	11723 NW 12 St.	Pembroke Pines, FL 33026

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: Abdiel Labarca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/03

Date

(786) 344-3468

Daytime Phone #

CR2E081 (10/02)