

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 26 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000101651

1. Corporation Name
Belech USA, Inc.

2. Principal Office Address
11437 SW 86th Lane
Miami, FL 33173

3. Mailing Office Address
c/o Jacobs and Carney
6401 SW 87th Ave., #204
Suite, Apt. #, etc. Miami, FL 33173

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 10/23/2000

5. FEI Number
65-1053614

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
Kucherak, Stephanie, Esquire
Street Address (P.O. Box Number is Not Acceptable)
9931 Caribbean Boulevard
Suite, Apt. #, Etc.
City
Miami

State
FL
Zip Code
33189

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 _____

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
PD	Lechler, Robert S.	11437 Sw 86th Lane	Miami, FL 33173
ST	Lechler, Robert S.	11437 SW 86th Lane	Miami, FL 33173

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

CR2E081 (9/99)

JACOBS & CARNEY
CERTIFIED PUBLIC ACCOUNTANTS

SUITE 204

6401 S.W. 87 AVENUE

MIAMI, FLORIDA 33173

TELEPHONE (305) 274-1200

FAX (305) 274-0191

STUART L. JACOBS, PFS, C.P.A. (FLA)
REGISTERED INVESTMENT ADVISOR

JERRY L. CARNEY, C.P.A. (FLA)

MYRON R. KAHN, C.P.A. (FLA)

DAVID L. JACOBS, C.P.A. (FLA)

MEMBERS

AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

December 16, 2002

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

RE: Belech U.S.A., Inc.

To Whom It May Concern:

We are the accountants for the above referenced corporation. During a routine internet search, our office discovered the company had been administratively dissolved. Enclosed please find a \$150 check for the annual fee for 2002 and a completed Corporation Reinstatement. Please waive the reinstatement fee as the corporation never received any mailings from the department during 2002.

Very truly yours,


David L. Jacobs, CPA