

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 NOV -2 PM 1:40

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P0000102174

1. Corporation Name

CONSTRUYA U.S.A., INC.

Principal Place of Business Mailing Address
 6949 SW 83 CT. 6949 SW 83 CT.
 MIAMI FL 33143 MIAMI FL 33143

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/31/2000	
City & State		City & State		5. FEI Number	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LISCANO, ORLANDO	6949 SW 83 CT.	MIAMI FL 33143
VPD	OBREGON, LUIS ORLANDO FERNANDO	6949 SW 83 CT.	MIAMI FL 33143
			500004717295--7
			-12/10/01--01094--022
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LISCANO, ORLANDO
 6949 SW 83 CT.
 MIAMI FL 33143

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ **SIGNATURE REQUIRED** _____ Date _____
 REGISTERED AGENT MUST SIGN

11. 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] **SIGNATURE REQUIRED** Orlando Liscano Date 10/30/01 Daytime Phone # 305-2714213

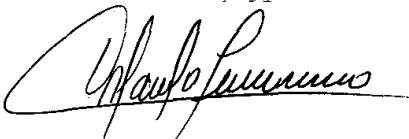
CR2E040 (8/01)

zabz

Dept. of State
Division of Corporation

I would like to inform you that we never received the first application for the renewal of our company.

10/30/01



Construya USA Incorporation

Division of Corporation
Date: 10/30/01