

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAR 20 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000015748

1. Corporation Name

Huskin Corp.

2. Principal Office Address

3600 S. State Road 7

Suite, Apt. #, etc.

Suite 304

City & State

Miamar, Fl.

Zip

33023

Country

3. Mailing Office Address

3600 S. State Road 7

Suite, Apt. #, etc.

Suite 304

City & State

Miramar, Fl.

Zip

33023

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1075920

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-03  
100014386871  
03/20/03--01010--008 \*\*750.00

7. Name and Address of Current Registered Agent

Name

Patrick Vivies

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

700 E. Dania Beach Blvd

Suite, Apt. #, Etc.

#202

City

Dania

State

FL

Zip Code

33004

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 03/17/03

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
PD	Simon Berrebi	100 N. Biscayne Blvd #2904	MIAMI, FL 33131

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:

Simon Berrebi

03/17/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2/21