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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG 24 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000058359

1. Corporation Name
GMI USA CORP.

10100 NW 116 Way, Suite 10
Miami, FL 33178

2. Principal Office Address
10100 NW 116 Way

3. Mailing Office Address
10100 NW 116 Way

Suite, Apt. #, etc.
Suite 10

Suite, Apt. #, etc.
Suite 10

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33178 USA

Zip Country
33178 USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida **7/10/1996**

5. FEI Number **65-0690032**
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
Stephen C. Enriquez

Street Address (P.O. Box Number is Not Acceptable)
One SE Third Avenue

Suite, Apt. #, Etc.
Suite 1440

City
Miami

State Zip Code
FL 33131

200040452232
08/24/04-01019-004 ***381.00

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 **8-19-04**

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
GM	Henry Sanchez	10100 NW 116 Way, #10	Miami, FL 33178
S/CFO	Monica Romboli	10100 NW 116 Way, #10	Miami, FL 33178

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

8/19/04

Daytime Phone #

CR2E081 (01/04)

2052

TURNER & ASSOCIATES, LLP
CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

SunTrust International Center
One Southeast Third Avenue
Suite 1440
Miami, Florida 33131

Telephone 305-377-0707
Facsimile 305-377-0787
www.turnercpas.com

August 19, 2004

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

Re: GMI USA Corp.
Document #P96000058359

Dear Sir/Madam:

Enclosed is the original executed Reinstatement form for the captioned corporation together with a check in the amount of \$300 for the annual fees due for 2003 and 2004.

Please waive the reinstatement fee in the amount of \$600 because the annual report was never received. As you can tell from the enclosed copy of the last annual report filed (2002), there was an error made by your office on entering the new address into your system.

Please contact the undersigned if you have any questions.

Very truly yours,



Stephen C. Enriquez
For the firm

SCE/lgl

Enclosure

cc: GMI USA Corp.