

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION  
REINSTATEMENT



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

FILED

01 FEB 26 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000020192

1. Corporation Name  
TRANSINVERSIONES U.S.A., INC.

|                                                                                                                                  |  |                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Office Address<br>7220 NW 36 ST<br>Suite, Apt. #, etc. 621<br>City & State MIAMI, FLORIDA<br>Zip 33166 Country DADE |  | 3. Mailing Office Address<br>7220 NW 36 ST<br>Suite, Apt. #, etc. 621<br>City & State MIAMI, FLORIDA<br>Zip 33166 Country DAD. |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------|--|

4. Date Incorporated or Qualified To Do Business in Florida 03-03-99

5. FEI Number 05-0906971 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 HECTOR MAURICIO ACOSTA URIBE

Street Address (P.O. Box Number is Not Acceptable) 7220 NW 36 ST

Suite, Apt. #, Etc. 621

City MIAMI State FL Zip Code 33166

000003796870-8  
-03/05/01--01012--009  
\*\*\*\*300.00 \*\*\*\*300.00

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 02-23-01

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     | HECTOR M ACOSTA URIBE             | 7220 NW 36 ST<br>STE 621                       | MIAMI, FL 33166    |
| VD     | LETICIA CARVAJAL GUINGUE          | 7220 NW 36 ST<br>STE 621                       | MIAMI, FL 33166    |
| STD    | JUAN CARLOS CARVAJAL              | 7220 NW 36 ST<br>STE 621                       | MIAMI, FL 33166    |
|        |                                   |                                                |                    |
|        |                                   |                                                |                    |

LS

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: HECTOR M ACOSTA U

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 02-23-01 (305) 468-1510 Daytime Phone #

CR2E081 (9/00)

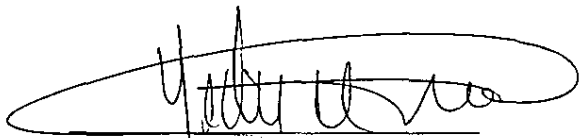
2062

Division of Corporations

P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Divisions Of Corporations, I am attaching a check in the amount of \$300.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division Of Corporations in respect with my corporation **TRANSINVERSIONES U.S.A., INC.** Thank you for your courtesy in this matter.



Hector M. Acosta Uribe  
President