

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 31 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000094447

1. Corporation Name
EMERGIA USA, INC.

REINSTATEMENT 02

12/9/02 D1034 002 \$750

2. Principal Office Address 1221 BRICKELL AVE.		3. Mailing Office Address 1221 BRICKELL AVE	
Suite, Apt. #, etc. 6TH FLOOR		Suite, Apt. #, etc. 21ST FLOOR c/o Patricia Menendez	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33131	Country MIAMI-DADE	Zip 33131	Country MIAMI-DADE

4. Date Incorporated or Qualified To Do Business in Florida 10/25/1999	
5. FEI Number 65-0961900	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32301-2525

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 Jeanine Reynolds as its agent
Date 12-31-02

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
P/D	SARAVIA, EDUARDO	1221 BRICKELL AVE, 6TH FLOOR	MIAMI, FL 33131
D/VP	CANETE GUILLERMO	1221 BRICKELL AVE, 6TH FLOOR	MIAMI, FL 33131
S	PIZARRO, MARIA DOLORES	1221 BRICKELL AVE, 6TH FLOOR	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: Edu Saravia EDUARDO SARAVIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/27/2002 305.925.8256
Daytime Phone #

1/2/03 ad

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