Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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CORPORATION REINSTATEMENT
LAS USA, INC.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000003183

1. Corporation Name
LAS USA, Inc.

REINSTATEMENT 09-11

CR2E083 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1835 E. Hallandale Beach	1835 E. Hallandale Beach
Suite, Apt. #, etc.	Suite, Apt. #, etc.
PMB 326	PMB 326
City & State	City & State
Hallandale, FL	Hallandale, FL
Zip / Country	Zip / Country
33009 / USA	33009 / USA

4. Date Incorporated or Qualified To Do Business In Florida: 6/15/2001

5. FEI Number: 52-2322777 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: RKL — Rhiannon Lowler, Vice President and Assistant Secretary — Date: 4/29/11

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPT	Cinzia Pedicone	1835 E. Hallandale Beach	Hallandale, FL 33009
S	John Vogel	2550 M Street, N.W.	Washington, DC 20037
			4/29

10. E-mail Address: jvogel@pattonboggs.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: John H. Vogel — John H. Vogel, 4/29/2011 — 202-457-6460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #