PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| REINSTATEMENT | | | Secreta | IDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | 09 APR - 1 AM 8: 41 SECRETARY OF STATE | | |
|---|-----------------------------------|---|--|---|--|---|--|--|
| DOCU 1. Corporation | MENT # f0 | 4000003 | 039 | | | TALLA | TARY OF STATE HASSEE, FLORIDA | |
| SAN | TICA USA I | NC. | | | REI | NSTA | TEMENTO? | |
| 2. Principal Office Address - No P.O. Box # 1141 S. ROGERS CIRCLE | | | | Office Address | | 800148288698 04/01/0901002014 **1050.00 cr2E081 (12/08) | | |
| Suite, Apt. #, etc. Suite, Apt. SUITE 5 | | | Suite, Apt. #, etc. | ₹, etc. | | 4. Date incorporated or Qualified | | |
| | | | City & State . | City & State . | | To Do Business in Florida 06-04-2004 | | |
| BOCA RATON | | | 45,144,144,144,144,144,144,144,144,144,1 | | 5. FEI Numb 01-0774 | 069 | Applied For Not Applicable | |
| Zip 33487 | FL Country | | Zip | Country | 6. CERTIFICAT | TE OF STATUS DESIRE | S8.75 Additional Fee required for a Certificate of Status | |
| | 7. Nam | and Address of | Current Registered Age | ent | | <u></u> | | |
| Name Donald J Thomas Esquire Street Address (P.O. Box Number is Not Acceptable) 445 East Palmetto Park Road Suite, Apt. #, Etc. | | | | | The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. | | | |
| City Boca Raton State 3343 | | | | | | | | |
| Signature of Registered Ag | gent | | GISTERED AGENT MUS | | | Date 02-16 | | |
| | | | Vor Director (Florida nonpr | rofit corporations must list at I | | | | |
| Titles | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director | | | City / State / Zip | |
| P E | Edmondo Catalfamo | | | 1141 S. Rogers Circle Suite 5 | | Boca Raton, | FL 33487 | |
| V [| Donald J Thomas | | | 445 East Palmetto Park Road | | Boca Ratoon, FL 33432 | | |
| T F | Robert Roschman | | | 1141 S. Rogers Circle Suite 5 | | Boca Raton, FL 33487 | | |
| s s | Stephen Thomas | | | 1141 S. Rogers Circle Suite 5 | | Boca Raton, FL 33487 | | |
| | <u></u> | | | | | | | |
| 10. I certify the | tatement application, th | ne reason for disso sen paid and the r | olution has been eliminated names of individuals listed | d, the corporate name satisfie | es the requirements r an exemption cor | s of section 607.0401 | i. I further certify that when filling or 617.0401. F.S., that all fees 19, F.S. The information indicated | |
| owed by t | oplication is true and ac | | | ,/ | | | 1 | |
| owed by t | JRE: | fusudo | NTED NAME OF SIGNING OF | us— | | 02-16-2009 | 561-994-8308 | |