


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000003864		
1. Entity Name REGIO USA, INC.		

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 27 PH 2:41

REINSTATEMENT 06



Principal Place of Business 8612 S. 28TH STREET MCALLEN, TX 78503	Mailing Address 8612 S. 28TH STREET MCALLEN, TX 78503
---	---

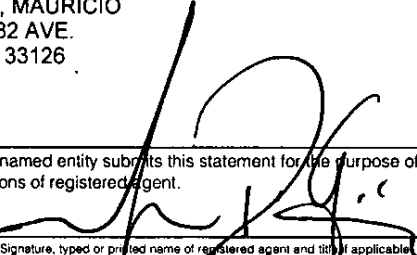
2. Principal Place of Business 6612 S. 28th Street	3. Mailing Address 1573 NW 82 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09202006 REIN-P CR2E098 (11/05)

City & State MCALLEN TX	City & State Miami FL	4. FEI Number 74-2656865	Applied For <input type="checkbox"/> Not Applicable
Zip 78503	Country USA	Zip 33126	Country USA

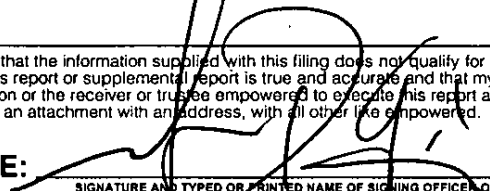
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent PORTILLO, MAURICIO 1573 N. W82 AVE. MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
--	--	--	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable	DATE 09-21-06 President (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVC PORTILLO, MAURICIO 1573 N. W82 AVE. MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000080219410 09/27/06--01037--019 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE LOS SANTOS, FRANK 6612 S. 28TH STREET MCALLEN, TX 78503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANCHEZ, VICTOR 6612 S. 28TH STREET MCALLEN, TX 78503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DE LEON, ROGELIO 6612 S. 28TH STREET MCALLEN, TX 78503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DE LEON, RUBEN 6612 S. 28TH STREET MCALLEN, TX 78503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 09-21-06 Daytime Phone # 305 5257193