

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002918

1. Corporation Name
ECOSINTEZ (U.S.A.)CORPORAION

2. Principal Office Address 409 POINCIANA ISLAND DR.		3. Mailing Office Address 400 POINCIANA ISLAND DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NORTH MIAMI BEACH		City & State MORTH MIAMI BEACH	
Zip FL	Country 33160	Zip FL	Country 33160

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4. Date Incorporated or Qualified To Do Business in Florida 06/03/1994

5. FEI Number 52-1816609 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 DOROFEEV, BORIS

Street Address (P.O. Box Number is Not Acceptable) 409 POINCIANA ISLAND DR.

Suite, Apt. #, Etc.

City NORTH MIAMI BEACH State FL Zip Code 33160

REINSTATEMENT

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 *[Signature]* Date 10/20/2003

REGISTERED AGENT MUST SIGN

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	DOROFEEV, BORIS	409 POINCIANA ISLAND DR	N. MIAMI BEACH FL 33160
VD	PROSVETOVA, ALLA	409 POINCIANA ISLAND DR.	N. MIAMI BEACH FL 33160

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: *[Signature]* Date 10/20/2003

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

CH2E081 (10/02)

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Ecosintez (U.S.A.) Corporation

October 20th, 2003

Florida Department of State
Division of Corporations
PO BOX 1500
Tallahassee FL 32302-1500

RE Ecosintez (U.S.A.) Corporation
Doc. Number: F94000002918

Dear Sir/Madam:

This letter is written regarding a filing of the annual report for the above-mentioned corporation.

Regarding the 2003 Annual Report for this Corporation, we did not Recieve the UBR notice from your office. Please take this explanation as an apology in our part, and accept this UBR 2003 with the information you needed signed by the registered agent and kindly reinstate our Corporation. Again, we apologize for any inconvenience.

Very Truly Yours.

Ecosintez (U.S.A) Corporation



Boris Dorofeev
President-Director