

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -3 PM 5:03

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.

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH

Zip

FL

Country

33160

3. Mailing Office Address

400 POINCIANA ISLAND DR.

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH

Zip

FL

Country

33160

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

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 10/20/2003

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/2003

Date

Daytime Phone #

REINSTATEMENT

CH25081 (10/02)

65

2082

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