

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 24 PM 12:04

DOCUMENT #

F99000002784

1. Corporation Name

CDC USA
DBA CDC USA OF SOUTH FLORIDA INC.
154-29 146TH AVE - JAMAICA NY 11434

000004561100--1

-08/29/01--01006--001

****908.75 ****908.75

2. Principal Office Address

83-90 Northwest 53rd St

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

318

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33166

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/98

5. FEI Number

11-3321159

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

FRANCO PERSAPIERI

Street Address (P.O. Box Number is Not Acceptable)

83-90 NW 53rd St

Suite, Apt. #, Etc.

Suite 318

City

Miami

State

FL

Zip Code

33166

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

Date 8/23/01

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
P	MASSIMO LOLL	LEGHORN - ITALY	57123-LIVORNO ITALY
VP	FRANCO PERSAPIERI	110 AR AVE	TUCKAHOE - NY 10700
D	ORLANDI, MARCO	VIA Paleocapa 1/5	57123 LIVORNO ITALY
D	BASSINI, Stefano	VIA Paleocapa 1/5	57123 LIVORNO ITALY

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:

FRANCO PERSAPIERI V.P.

8/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)