PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUN 26 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000004144

1. Corporation Name
FAMILIA USA INC.

REINSTATEMENT 0001

2. Principal Office Address	3. Mailing Office Address
CORPDIRECT AGENTS	584 COLUMBUS AV.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
103 N. MERIDIAN STREET	
City & State	City & State
TALLAHASSEE, FL	THORNWOOD, NY
Zip / Country	Zip / Country
32301	10594 / WESTCHESTER

4. Date Incorporated or Qualified To Do Business in Florida: 08/09/99

5. FEI Number: 06-1500091 ☐ 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: CorpDirect Agents

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-07/06/01--01014--020
****297.50 ****297.50

Street Address (P.O. Box Number is Not Acceptable): 103 N. Meridian Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

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: Pam Wolfe Date: 6-24-01
REGISTERED AGENT MUST SIGN

CR2E081 (9/90)

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
PRES.	EMILIO DIAZ-TORRE	393 DERBY AVENUE	ORANGE, CT. 06477
V-PRE	JAMES LARSON	89 W. LOGAN STREET	LEMONT, IL. 60439
TR/SEC	JUAN SABADELL	584 COLUMBUS AV.	THORNWOOD, NY 10594
DIR.	EMILIO DIAZ-TORRE	393 DERBY AVENUE	ORANGE, CT. 06477
DIR.	JAMES LARSON	89 W. LOGAN STREET	LEMONT, IL 60439.
DIR.	JUAN SABADELL	584 COLUMBUS AV.	THORNWOOD, NY 10594

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: JUAN SABADELL 06/14/01 (914)773-1368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #