

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 OCT 25 PM 4:29

DOCUMENT # 305937

1. Corporation Name

FLAG SYSTEMS U.S.A. INC.
8065 NW 66st
Miami, FL 33166

2. Principal Office Address
8065 NW 66st

3. Mailing Office Address
same

Suite, Apt. #, etc.
same

Suite, Apt. #, etc.
same

City & State
Miami FL

City & State
SAME

Zip Country
33166 USA

Zip Country
SAME SAME

4. Date Incorporated or Qualified
To Do Business in Florida 8-27-1986

5. FEI Number
59-2714527

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 87-01

7. Name and Address of Current Registered Agent

Name Ana Martin

Street Address (P.O. Box Number is Not Acceptable)
10833 SW 34st

400004679304-4

-11/14/01--01086--008
***2415.00 ***2415.00

Suite, Apt. #, Etc.
same

City
Miami

State Zip Code
FL 33165

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

Ana Martin

Date 1022/01

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	Paul H. Martin	10833 SW 34st	Miami FL 33165
V	Ana Martin	10833 sw 34st	Miami FL 33165
T	Rolando Martinez	10833 sw 34st	Miami FL 33165

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: Ana Martin

Ana Martin

10-22/01

305-553-0937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/00)