


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

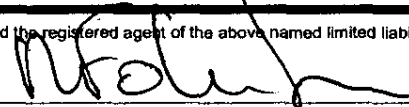
LIMITED LIABILITY COMPANY		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L020000014291			
1. Limited Liability Company's Name VITASOL USA			
2. Principal Office Address 1250 NE 93rd St Suite, Apt. #, etc. City & State Miami Shores FL Zip 33138 Country USA		3. Mailing Office Address 1250 NE 93rd St Suite, Apt. #, etc. City & State Miami Shores FL Zip 33138 Country USA	

FILED
03 AUG 15 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000018686940
07/31/03--01053--004 **50.00
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05/09/03--01114--003 **150.00

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 03-0448121	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Richard Folliquet		
Street Address (P.O. Box Number is Not Acceptable) 1250 NE 93rd St		
Suite, Apt. #, Etc.		
City Miami Shores	State FL	Zip Code 33138

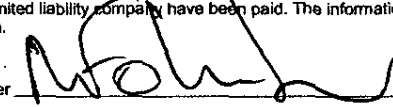
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date 4/30/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	Richard Folliquet	1250 NE 93rd St	Miami FL 33138

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager  Date 4/30/03 Daytime Phone # 305 751-0994

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)