L020000I4992

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #   L020000I4992

1. Limited Liability Company's Name

VIRGIN SOIL USA, LLC

2. Principal Office Address	**3.** Mailing Office Address
I PALMETTO	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State STUART, FL	City & State
Zip 34996 Country	Zip Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida   6-17-02

6. FEI Number   [X] Applied For   [ ] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X]   **$5.00 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name   STEVEN E. FERRIS

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

Suite, Apt. #, Etc.

City   STUART, FL.   State FL   Zip Code 34996

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 _____ [signature] _____   Date 5-5-04

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	STEVEN E. FERRIS	I PALMETTO DR.	STUART, FL. 34996
MGRM	JEROME P. McWILLIAMS	234 N.E. EDGEWATER DRIVE	STUART, FLORIDA 34996
MGRM	DAVID BOUCHIER BOWKER	P.O. BOX 201172	DURBAN NORTH 4016 SOUTH AFRICA

REINSTATEMENT 03-04

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 _____ [signature] _____   Date 5-5-04   Daytime Phone # 772- 834-1856

Typed or printed name of signing Managing Member/Manager   STEVEN E. FERRIS