

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT# P00000055512</b> 1. Corporation Name <b>CTL(USA), CORP.</b>			
2. Principal Office Address <b>5460 N. STATE ROAD 7</b> Suite, Apt. #, etc. <b>SUITE 120</b> City & State <b>FT. LAUDERDALE, FL</b> Zip      Country <b>33319      USA</b>		3. Mailing Office Address <b>5460 N. STATE ROAD 7</b> Suite, Apt. #, etc. <b>SUITE 120</b> City & State <b>FT. LAUDERDALE, FL</b> Zip      Country <b>33319      USA</b>	
		<div style="text-align: center;">FILED 04 MAR 19 AM 11:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: center; margin-top: 20px;"><b>600030555596</b> 03/16/04--01044--001    **600.00</div>	
		4. Date Incorporated or Qualified To Do Business in Florida <b>06/08/2000</b>	
		5. FEI Number <b>65-1013552</b> <div style="float: right; border: 1px solid black; padding: 2px;">Applied For Not Applicable</div>	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			
Name <b>TAX HOUSE CORPORATION</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>1261 East Sample RD</b>			
Suite, Apt. #, Etc.			
City <b>POMPANO BEACH</b>		State <b>FL</b>	Zip Code <b>33064</b>
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 <b>03/09/04</b> <div style="text-align: center; margin-top: 5px;">REGISTERED AGENT MUST SIGN</div>			
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
PSTD	HELIO LUCIANO SOUZA LEITE	5460 N. STATE ROAD 7, SUITE 120	FT. LAUDERDALE FL 33319
VD	LEIA RUTH SOUTO LEITE	5460 N. STATE ROAD 7, SUITE 120	FT. LAUDERDALE FL 33319
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 19.07(3)(1), 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: <b>ACCOUNTANT (954) 782-4000</b> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</div>			