
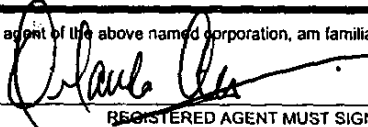
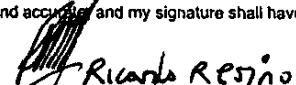


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	03 APR -7 PM 12:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P00000056550			
1. Corporation Name REFE USA CORPORATION			
2. Principal Office Address 1059 W HALLANDALE BEACH B		3. Mailing Office Address 1059 HALLANDALE BEACH BLV.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HALLANDALE, FL		City & State HALLANDALE, FL	
Zip 33009	Country USA	Zip 33009	Country USA
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 65-1016568	
		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name ORLANDO ARROM			
Street Address (P.O. Box Number is Not Acceptable) 10556 NW 26 STREET			
Suite, Apt. #, Etc. SUITE 203			
City MIAMI		State FL	Zip Code 33172
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 3/28/2003	
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
PD	RESINO, RICARDO	12432 SW 11 TERRACE	MIAMI, FL 33184
D	COCA, SANDRA E.	12432 SW 11 TERRACE	MIAMI, FL 33184
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: 		03-28-2003 786-395-6286	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2081 (10/02)