
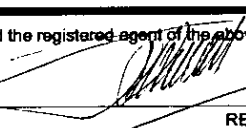
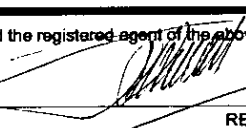
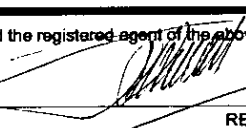
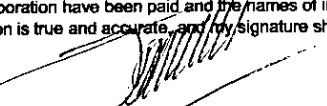
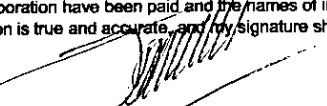
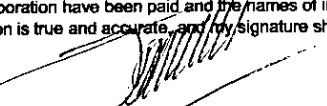


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> <b>02 JAN 10 PM 5:19</b> <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>																													
<b>DOCUMENT #</b> P00000067637																																	
<b>1. Corporation Name</b>  COLUSA CAPITAL GROUP, INC.																																	
<b>2. Principal Office Address</b> 1110 Brickell Av  Suite, Apt. #, etc. 806  City & State MIAMI, FL  Zip 33131 Country USA		<b>3. Mailing Office Address</b> 1110 Brickell Av  Suite, Apt. #, etc. 806  City & State MIAMI, FL.  Zip 33131 Country USA		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 07/14/00 <b>5. FEI Number</b> 65-1022243 <table border="1" style="width: 100%;"><tr><td>Applied For</td></tr><tr><td>Not Applicable</td></tr></table> <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status		Applied For	Not Applicable																										
Applied For																																	
Not Applicable																																	
<b>7. Name and Address of Current Registered Agent</b> <table border="1" style="width: 100%;"><tr><td colspan="2"><b>Name</b> FOSCHINI, SERGIO.</td></tr><tr><td colspan="2"><b>Street Address (P.O. Box Number is Not Acceptable)</b> 7245 NW 113 Pl.</td></tr><tr><td colspan="2"><b>Suite, Apt. #, Etc.</b></td></tr><tr><td><b>City</b> MIAMI,</td><td><b>State</b> FL <b>Zip Code</b> 33178.</td></tr></table>						<b>Name</b> FOSCHINI, SERGIO.		<b>Street Address (P.O. Box Number is Not Acceptable)</b> 7245 NW 113 Pl.		<b>Suite, Apt. #, Etc.</b>		<b>City</b> MIAMI,	<b>State</b> FL <b>Zip Code</b> 33178.																				
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<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.</b> <table border="1" style="width: 100%;"><tr><td><b>Signature of Registered Agent</b> </td><td><b>Date</b> 01/07/02</td></tr></table> <p style="text-align: center;"><b>REGISTERED AGENT MUST SIGN</b></p>						<b>Signature of Registered Agent</b> 	<b>Date</b> 01/07/02																										
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<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1" style="width: 100%;"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>P</td><td>FOSCHINI, SERGIO.</td><td>1110 Brickell Av. Suite 806.</td><td>MIAMI, FL 33131.</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	FOSCHINI, SERGIO.	1110 Brickell Av. Suite 806.	MIAMI, FL 33131.																				
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<b>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.</b> <table border="1" style="width: 100%;"><tr><td><b>SIGNATURE:</b> </td><td><b>01/07/02</b></td><td><b>3055199087</b></td></tr><tr><td><b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b></td><td><b>Date</b></td><td><b>Daytime Phone #</b></td></tr></table>						<b>SIGNATURE:</b> 	<b>01/07/02</b>	<b>3055199087</b>	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	<b>Date</b>	<b>Daytime Phone #</b>																						
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CR2E081 (8/01)

January 7, 2002

DIVISION OF CORPORATION

Sirs:

Please be advised that my company never received the Annual Report for the year 2001 due we change address.

Attached check for the amount of \$300.00 covering the mentioned year 2001 and the fees for the year 2002. This corporation was created on July 14, 2000.

Thanks in advanced for your attention

COLUSA CAPITAL GROUP INC.

  
PRESIDENT

1110 BRICKEL AV. SUITE 806  
MIAMI, FL 33131