

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 13 PM 3:33

DOCUMENT # P00000070645

**1. Corporation Name**

MOLENA U.S.A. INC.

**2. Principal Office Address**

712 U.S. HIGHWAY ONE

Suite, Apt. #, etc.

STE 210

City & State

NORTH PALM BEACH, FL

Zip

33408

Country

USA

**3. Mailing Office Address**

712 U.S. HIGHWAY ONE

Suite, Apt. #, etc.

STE 210

City & State

NORTH PALM BEACH, FL

Zip

33408

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/25/2000

**5. FEI Number**

65-1069723

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JAMES A. CIOFFI

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

250 TEQUESTA DRIVE

Suite, Apt. #, Etc.

STE 200

City

TEQUESTA

State  
FL

Zip Code  
33469

**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

*James A. Cioffi*  
REGISTERED AGENT MUST SIGN

Date

5/7/05

**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
D	MAURO MOLENA	712 U.S. HIGHWAY ONE, STE 210	NORTH PALM BEACH, FL 33408

**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:

*Mauro Molena*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAURO MOLENA

5/7/05  
Date

561 741 2082  
Daytime Phone #

CR2E081 (01/05)