

12/27/2007 THU 16:06 FAX

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 DEC 27 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000079158

1. Corporation Name

LA BUHARDILLA USA COMPANY

2. Principal Office Address - No P.O. Box #

7570 NW 14 ST

3. Mailing Office Address

7570 NW 14 ST

Suite, Apt. #, etc.

SUITE 112

Suite, Apt. #, etc.

SUITE 112

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33126

Country

US

Zip

33126

Country

US

4. Date Incorporated or Qualified To Do Business in Florida 08/22/2000

5. FEI Number 651033274

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: SANCLEMENTE, ALBERTO JOSE

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

7570 NW 14 ST

Suite, Apt. #, Etc.

SUITE 112

City

MIAMI

State

FL

Zip Code

33126

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Alberto Jose Sarmate
REGISTERED AGENT MUST SIGN

Date 12-27-07

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
DIRECTOR	SANCLEMENTE, ALBERTO JOSE	7570 NW 14 ST SUITE 112	MIAMI, FL 33126

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 contained in Chapter 119, 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:

Alberto Jose Sarmate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/07
Date

(305) 406-3800
Daytime Phone #

REINSTATEMENT 06-07

gc 12/28

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Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.
Account Number : I20070000146
Phone : (305) 406-3800
Fax Number : (305) 406-3999

CORPORATION REINSTATEMENT

LA BUHARDILLA USA COMPANY

Certificate of Status	0
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