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APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		DOCUMENT # P00000090574	
1. Corporation Name <i>La Pradera USA, Inc.</i>					
REINSTATEMENT <i>06-07 2008</i>					
2. Principal Office Address <i>1440 79th Street</i>		3. Mailing Office Address <i>1440 79th Street</i>		4. Date Incorporated or Qualified To Do Business in Florida <i>09-26-2000</i>	
Suite, Apt. #, etc. <i>Suite 207</i>		Suite, Apt. #, etc. <i>Suite 207</i>		5. FEI Number <i>26-0395491</i>	
City & State <i>North Bay Village, FL</i>		City & State <i>North Bay Village, FL</i>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip <i>33141</i>	Country <i>USA</i>	Zip <i>33141</i>	Country <i>USA</i>		

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name *Carlos Prado*
Street Address (P.O. Box Number is Not Acceptable)
10701 NW 58 Street
Suite, Apt. #, Etc.

City *Miami* **State** *FL* **Zip Code** *33178*

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 *[Signature]* **REGISTERED AGENT MUST SIGN** *Carlos Prado* **Date** *6/20/07*

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
P.V.T.S.	Lester Prado	1440 79th Street, Suite 207	North Bay Village, FL 33141

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06/26/07--01035--013 **300 00

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *6/20/2007* **Daytime Phone #**

DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

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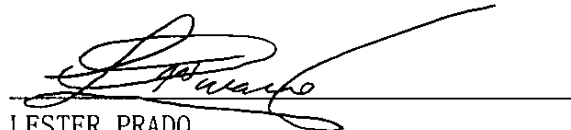
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEARS OF 2006 & 2007 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. AND IF YOU HAVE ANY FURTHER QUESTION PLEASE FEEL FREEE TO CONTACT US.

CORDIALLY YOURS,

A handwritten signature in black ink, appearing to read "Lester Prado", is written over a horizontal line.

LESTER PRADO
P/V/T/S