

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 APR -9 PM 3:12
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000094661*

1. Corporation Name

COUROMODA USA CORP

REINSTATEMENT *05-07*

2. Principal Office Address - No P.O. Box #
16400 COLLINS AVE

3. Mailing Office Address
16400 COLLINS AVE

Suite, Apt. #, etc.
1646

Suite, Apt. #, etc.
1646

City & State
SUNNY ISLES BEACH, FL

City & State
SUNNY ISLES BEACH, FL

Zip
33160

Country
USA

Zip
33160

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **10/06/2000**

5. FEI Number
65-1080318

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
EDUARDO E OVIES

Street Address (P.O. Box Number is Not Acceptable)
2307 DOUGLAS RD

Suite, Apt. #, Etc.
400

City
MIAMI

State
FL

Zip Code
33145

☒ 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

Eduardo Ovies

REGISTERED AGENT MUST SIGN

Date *4/5/07*

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 |
|--------|--------------------------------------|---|-----------------------------|
| DP | DOS SANTOS, FRANCISCO J | 16400 COLLINS AVE #1646 | SUNNY ISLES BEACH, FL 33160 |
| DST | SANTOS, WALESKA | 16400 COLLINS AVE #1646 | SUNNY ISLES BEACH, FL 33160 |
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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:

Waleska Santos *D*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/5/07

Daytime Phone #

(305) 447-8801