

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 1 7 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000097794

1. Corporation Name

U.S.A. BRICK, CORP.

2. Principal Office Address

7061 GRAND NATIONAL DR.

3. Mailing Office Address

7061 GRAND NATIONAL DR.

Suite, Apt. #, etc.

SUITE 105-R

Suite, Apt. #, etc.

SUITE 105-R

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32819

Country

USA

Zip

32819

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 10/16/2000

5. FEI Number

593677771

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

JOSE A. OLIVEIRA

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

4725 CASON COVE DRIVE

Suite, Apt. #, Etc.

# 1415

City

ORLANDO

State  
FL

Zip Code  
32811

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

*Jose A. Oliveira*

REGISTERED AGENT MUST SIGN

Date 05-27-2004

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
PD	JOSE A. OLIVEIRA	4725 CASON COVE DRIVE, #1415	ORLANDO, FL 32811
VD	ROBERTO F. REIS	4725 CASON COVE DRIVE, #1415	ORLANDO, FL 32811

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:

*Jose A. Oliveira*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-27-2004

Date

Daytime Phone #

FILED

04 JUN -1 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04

CR2E081 (01/04)

PS 2 7 2

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

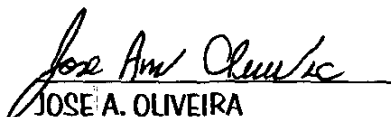
TO WHOM IT MAY CONCERN:

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

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR THE YEARS 2003 & 2004 FROM  
YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO  
PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU  
SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT  
ME.

CORDIALLY,

  
JOSE A. OLIVEIRA  
PRESIDENT