

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 13 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000010651

1. Corporation Name

Belech USA, Inc.

100093745461
03/19/07--01051--030 **450.00

REINSTATEMENT 05-07

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

11437 Sw 86 Ln.

Suite, Apt. #, etc.

3. Mailing Office Address

6401 Sw 87 Ave.

Suite, Apt. #, etc.

204

City & State

Miami, FL 33173

City & State

Miami, FL

Zip

33173

Country

USA

Zip

33173

Country

USA

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

10/23/00

5. FEI Number

65-1053614

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

David Jacobs

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

6401 Sw 87 Ave

Suite, Apt. #, Etc.

204

City

Miami

State

FL

Zip Code

33173

☒ 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**

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/8/07

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
PSTD	Lechler, Robert S.	11437 Sw 86 Ln.	Miami, FL 33173

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]

ROBERT S. LECHLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 Mar '07

Date

(305) 878-9453

Daytime Phone #