PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Corretory of State		SECRETARY OF STATE DIVISION OF CORPORATIONS 07 SEP -6 PM 3: 19			
DOCUMENT # P01000028546 1. Corporation Name Relocate USA, Inc					92. 0 111 3. 19	
2. Principal Office Address - No P.O. Box # 2500 West 67th Place	3. Mailing Office Addre	ffice Address West U7th Place		CR	2E081 (1/07)	
Suite, Apt. #, etc. Suite, Apt. #, e		, ,				
suite 14 Suit				Date Incorporated or Qualified To Do Business in Florida 10104 / 2002		
City & State HIAIRAH FIDVIDA HIAI		eah Florida 5. FEIT				
33010 Country US	33014·	Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent						
Name JOJC L. AICS Street Address (P.O. Box Number is Not Acceptable) Lo 488 (OYal Way			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			
Suite, Apt. #, Etc.						
MIAMI State FL 33.55				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 REGISTERED AGENT MUST SIGN						
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	
provident Jose L. HYES	648	6488 Coral Way		MIAM	, F1, 33155	
B917/3			09/1	0010 6/070	99129862 1016017 **1500.00	
REINSTATEMENT 152-07						
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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: 08/31/07 305 740 9899 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						