

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 SEP 15 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000030651

1. Corporation Name

FIRST MART USA, CORP.

300080025913  
03/21/05--01022--007 \*\*450.00

2. Principal Office Address

1211 NW 93 Court

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33172

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1086110

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

FREDY CUENCA

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

1211 NW 93 COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33172

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

X

REGISTERED AGENT MUST SIGN

Date

8/16/06

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	FREDY CUENCA	1211 NW 93 Court	MIAMI FL 33172
			B 9/11/04
			04-06

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:

X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/06

Date

Daytime Phone #

**FIRST MART USA CORP**

1211 NW 93 Court Miami – Fl 33172

Phone 786 256 0869

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Sep. 11, 2006

FLORIDA DEPARTMENT STATE

Secretary Of State

Division of Corporation

Ref: FIRST MART USA CORP

Doc: P01000030651

Dear Sir or Madam :

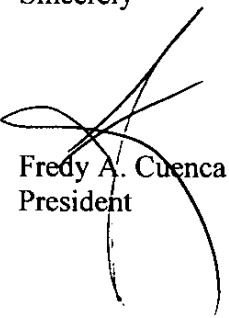
I am Writing To you on Behalf of my Company First Mart USA corp. to request a Waiver of penalties Associated with the reinstatement of this corporation .

The reason is I did not received the form from the State.

Enclosed is a Money Order for US\$ 450.00 for year 2004,2005,2006.

I thank you in advance for you Help.

Sincerely

  
Fredy A. Cuenca  
President