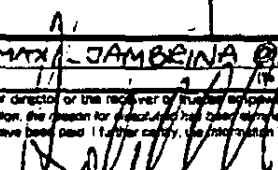


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM JUN 14 PM 1:58

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		OFFICE OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 301000035176					
1. Corporation Name HALCON USA INC WI-25675					
2. Principal Office Address - No P.O. Box # 210 WESTCOTT Suite, Apt. #, etc.			3. Mailing Office Address SAME Suite, Apt. #, etc.		
City & State HOUSTON TX			City & State		
Zip 77007		Country USA		4. Date Incorporated or Qualified To Do Business in Florida 04/06/2001	
5. FEI Number 65-1090433				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$375 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent Name FLEITAS ROBERTO F Street Address (P.O. Box Number is Not Acceptable) 782 NW LEDGER RD Suite, Apt. #, Etc. WING 530 City MIAMI State FL Zip Code 33126					
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 _____ Date 5/18/10 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Type	Name of Officer and/or Director	Street Address of Each Officer and/or Director		City / State / Zip	
DT	MONTALBO SATURNINO	210 WESTCOTT HOUSTON TX		77004	
DT	VICENT VILAR GUERRA	210 WESTCOTT HOUSTON TX		77007	
10. E-mail Address: MARIA JAMBEINA @ JAMBEINA.COM					
11. I certify that I am an officer or director or the receiver or trustee or assignee to procure this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for default has been corrected, 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. I further certify, 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:  Date 11-05-2010 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

M. MILLIGAN
EXAMINER

JUN 15 2010