FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 10 JUN 14 PM 1:58

OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10000035176

1. Corporation Name
HALCON USA INC

W1-25675

900181292979
05/25/10--01007--013 **750.00

CR2E081 (4/10) 08-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
210 WESTCOTT	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOUSTON TX	City & State
Zip: 77007 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 04/06/2001

5. FEI Number: 65-109 0133 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 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 LEJEUNE RD
Suite, Apt. #, Etc: SUITE 530
City: MIAMI State: FL Zip Code: 33126

PROFIT CORPORATIONS ONLY

☐ The $600.00 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: _____ 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)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DT	MONTALBO SALVADOR	210 WESTCOTT HOUSTON	TX 77007
DT	VICENT VILAR GUILLERMO	210 WESTCOTT HOUSTON	TX 77007

08/A47 900181292979 08.15

10. E-mail Address: MATT_JAMBRINA@JAMBRINA.COM
(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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 removed, 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: _____ 11-05-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M. MILLIGAN
EXAMINER

JUN 15 2010