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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAY 25 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 101000041379

1. Corporation Name

NETSALUTI.COM USA, INC.

2. Principal Office Address

999 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

# 625

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

04/21/2001

5. FEH Number

04-3593757

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

0035 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CARLOS M. FARAH, CPA

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

999 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

# 625

City

CORAL GABLES

5000352591

75

05/03/04--01052--010

\*\*150.00

5000352591

75

05/03/04--01052--011

\*\*150.00

State

FL

Zip Code

33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0806 or 617.0503, F.S.

Signature of  
Registered Agent

*Carlos Farah, CPA*

REGISTERED AGENT MUST SIGN

Date: 4-28-04

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
D	HERNANDEZ, LUIS GUILLERMO	999 PONCE DE LEON, BLVD. #625	CORAL GABLES, FL 33134
D	HERNANDEZ, MIGUEL EDUARDO	999 PONCE DE LEON, BLVD. #625	CORAL GABLES, FL 33134

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 under section 119.07(3)(f), 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:

*Miguel Eduardo Hernandez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

6



**Appelrouth, Farah  
& Co., P.A.**

*Your Consultants to the Business Community*

**MIAMI**

999 Ponce de Leon Boulevard  
Suite 625  
Coral Gables, Florida 33134

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(305) 444-0999

Facsimile  
(305) 443-5171

Ft. Lauderdale  
(954) 728-8989

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(877) 446-0999

**KEY WEST**

604 Duval Street, Suite C  
Key West, Florida 33040

Telephone  
(305) 296-6444

info@appelrouth.com

Members of  
American and Florida Institutes of  
Certified Public Accountants

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February 24, 2004

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Netsaluti.com USA, Inc.  
FEIN: **04-3593757**  
Document Number: P01000041379

Dear Sir or Madam:

We are the accountants of the above referenced taxpayer and we are writing you to respectfully request a waiver of the reinstatement fee in the amount of \$600 based on the following circumstances, described below.

Our client, who was not aware of the filing requirements regarding annual filing fees for corporations, entrusted all the tasks associated with this matter to his lawyer and registered agent. The registered agent filed all the required documentation with the state of Florida at the time that the corporation was created.

When we were in the process to prepare the tax returns for this corporation we became aware that the company was administrative dissolved by your office. We contacted our client who are at this moment is residing in Venezuela and they never received any notice or correspondence regarding to this matter. Our client was under the impression that the registered agent should have been receiving all the correspondence related to corporate matters. The registered agent confirmed that his office never received the annual report either.

In an effort to activate this company, we are enclosing together with this letter a check in the mount of \$150 to pay the annual filing fee for calendar year 2003.

3053

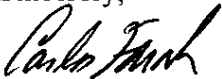
February 24, 2004  
Netsaluti.com USA, Inc.  
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As soon as an affirmative answer allowing our client to waive the reinstatement fee in the amount of \$600 is received from your office, our client will proceed to file and pay the annual filing fee for the current year.

We apologize for any inconvenience.

If you have any questions, please do not hesitate to contact us.

Sincerely,



Carlos M. Farah, CPA  
Encl.

