PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS		FILED 08 JAN 30 PM 1: 17 SECKLIA G OF STATE
DOCUMENT# P01000107171 1. Corporation Name Load Wasters USA, Inc.			TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # 3. Mailing O	ffice Address	025	300117604878 08/0801020018 **450.00
21530 SW 94 He 550	lme.		CR2E081 (1/07)
Suite, Apt. #, etc. Suite, Apt. #,	etc.	4. Date Incorp	prated or Qualified
City & State City & State			less in Florida ///06/0/
Miani, FC		5. FEI Number Applied For Not Applicable	
33189 Miani-Dao Zip	Country	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name			
Ivonne tuia		The reinstatement fee is imposed, except in circumstances which the entity did not receive	
Street Address (P.O. Box Number is Not Acceptable)		the prior notices. By checking this box, you	
Suite, Apt. #, Etc.		are certifying the prior notices were not received and requesting the reinstatement	
City Miami State Zip Code FL 33189		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 KEGISTERED AGENT MUST SIGN		Date 12908	
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 Ivonne Puig	Ivonne Puig 21530 SW 94		Miani Fl 33189
VP Alejanoro tompo	21530 SW 94	Ave	Miani, F1 3:3189
REINSTATEMENT 1-04			
RH			
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 filling			
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: 1 29 08 (305) 776-616			