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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 NOV 26 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000115763

## 1. Corporation Name

REFCON USA, INC

## 2. Principal Office Address

18496 NW 22ND ST

## 3. Mailing Office Address

-

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Pembroke Pines FL

City &amp; State

-

Zip

33029

Country

USA

Zip

-

Country

-

4. Date Incorporated or Qualified  
To Do Business in Florida

12/06/01

## 5. FEI Number

86-0002757

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

ROBERTO E. FERNANDEZ

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

18496 NW 22ND ST

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33029

## 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 10/13/03

REGISTERED AGENT MUST SIGN

## 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
PRST	FERNANDEZ, ROBERTO E	18496 NW 22ND ST	Pembroke Pines FL 33029

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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO E. FERNANDEZ

Date

10/13/03 (305) 219-6579

Daytime Phone #

CR2001 (10/02)

October 13, 2003

Refcon USA, Inc.  
18496 NW 22<sup>nd</sup> Street  
Pembroke Pines, FL 33029

Reference: Document Number P01000115763

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam,

I am taking this opportunity to submit a Corporate Reinstatement application for Refcon USA, Inc. which, I have come to find out, was administratively dissolved in October of 2003.

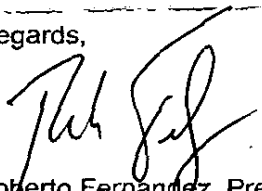
Until receiving the notice of administrative dissolution from the Department of State a couple of weeks ago, I was unaware that I wasn't in compliance with state of Florida regulations for corporations.

I recently met with a local Certified Public Accountant who explained the Uniform Business Report process to me. I can not recall ever receiving any UBR requests in the mail from the state for my business. I am making a special request for waiver of the reinstatement administrative fee.

Enclosed please find my Corporate Reinstatement application along with a check for the standard UBR fee of \$150. I am hoping that the Department will be lenient in my case since, as a small businessman, the extra administrative fee is very difficult for me to handle, given the weak economic conditions we are all operating in.

Thank you in advance for your consideration of this request.

Regards,

  
Roberto Fernandez, President  
Refcon USA, Inc.