PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATIO					A DEPAR Katherin Secretary /Islon of c	e Hår Fot St	ale	E	0	7 JUN	ILE[)	142	
DOCUMENT # P01000119935 1. Corporation Name U.S. A. INMERIOR CHAMPED C. CORP.										SE TAL	Che , , LAHA	JAT UF ST SSEE, FLO	TATE ORIDA		
U.S.A. INTERIOR SHUTTERS, CORP.															
Principal Office Address 3. Mailing Office Address										REINSTATEMENT					
4235 N.University Dr.					4235 N.University Drive					96	- je				
Suite, Apt. #, etc. 208					Suite, Apt. #, etc. 208					4. Date Incorp			2/19/	2001	
City & State Sunrise Florida					City & State Sunrise Florida					5. FEI Numbe	65~	115999		Applied For Not Applicable	
^{Zip} 3335	51-6223°	Country U.	S.A.		zip 33351–	6223	Counti	S.A.		6. CERTIFICATE	OF STATUS	S DESIRED		ditional Fee required ertificate of Status	
					7.	Name and A	ddress	of Current Regi	istere	ed Agent					
,	Name ARIAS, PEDRO A. Street Address (P.O. Box Number is Not Acceptable) 4235 North University Drive Suite, Apt. #, Etc. 208													50.0)	
	City		Sunri	.se		•		•			State	Zip Code 33351	-6223		
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 REGISTERED AGENT MUST SIGN Date May 31, 2007															
9. Names	and Street Addi	resses	of Each Offic	cer and	or Director (F	lorida nonpro	ofit corpo	orations must list	t at le	ast 3 directors)					
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director					City / State / Zip)	
DP .	PEDRO	A.	ARIA	S		4235 #208	N.U	Jnivers:	ity	Drive	Su	nrise,	F1.3	3351	
			· ···			-									
															
10. I certify that I am an efficer 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 that 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 about a feet and my signature shall have the same legal effect as if made under oath. SIGNATURE: X Pedro A. Arias 5/31/2007															
	SIGN	ATURE	AND TYPER (OR RRIN	TED NAME OF	SIGNING OFF	ICER OR	DIRECTOR			Date		Daytime Ph	ione#	

No

U.S.A. INTERIOR SHUTTERS, CORP. 4235 N.University Drive Suite #208 Sunrise Florida 33351-6223 Document #P01000119935

May 31 of 2007.

DIVISION OF CORPORATIONS Tallahassee Florida

Gentlemen:

This is to inform to the Division of Corporations, that I was absent of the U.S.A. for a long period of time due to family problems, when I return I found my corporation was inactive, but I did not receive any communication at respect, and I was not aware of the annual report and payment (2005)

I am sorry about it, I appreciate your help in my situation, hereby I am sending my Reinstatement Form and a check for \$450.00, please waive my penalty, this will not happen to me again.

Awaiting from your reply.

Sincerely,

U.S.A. INTERIOR SHUTTERS, CORP.

Pedro Ari

President