PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 31 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000013384**

1. Corporation Name

DERMOCELL U.S.A., INC.

Principal Place of Business	Mailing Address
12774 S.W. 112TH TERRACE MIAMI FL 33186	12774 S.W. 112TH TERRACE MIAMI FL 33186

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
7640 NW 25 ST.	7640 NW 25 ST.
Suite, Apt. #, etc. Suite 113	Suite, Apt. #, etc. Suite 113
City & State Miami, FL.	City & State Miami, FL.
Zip 33122 Country USA	Zip 33122 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/31/2002

5. FEI Number: 04-3650853 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ROJAS, FABIO A	CALLE 108A NO. 16-12	BOGOTA COLOMBIA
VD	ROJAS, CLARA C	CALLE 108A NO. 16-12	BOGOTA COLOMBIA
SD	ROJAS, DIEGO F	CALLE 108A NO. 16-12	BOGOTA COLOMBIA
TD	PEREZ, CLARA R	CALLE 108A NO. 16-12	BOGOTA COLOMBIA
D	ROJAS, JUAN C	CALLE 108A NO. 16-12	BOGOTA COLOMBIA

8. Name and Address of Current Registered Agent

JIMENEZ, LINDA
12774 S.W. 112TH TERRACE
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name: ROJAS, FABIO A
Street Address (P.O. Box Number is Not Acceptable): 7640 NW 25 ST. Suite 113
Suite, Apt. #, Etc.: Suite 113
City: Miami | State: FL | Zip Code: 33122

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

700024338487
10/31/03--01081--010 **750.00

Signature of Registered Agent _____ Date 10/28/03

REGISTERED AGENT MUST SIGN

11. 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: _____ 10/28/03 (786) 845-9338

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