

05/27/05

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY 26 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000024000

1. Corporation Name
BUMONTE USA, INC.

W05-20393

REINSTATEMENT 03-05

2. Principal Office Address
780 NW 42 AVENUE

3. Mailing Office Address
780 NW 42 AVENUE

Suite, Apt. #, etc.
516

Suite, Apt. #, etc.
516

**4. Date Incorporated or Qualified
To Do Business In Florida**

09/02/03 90184 026 \$158.75

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

5. FEI Number
03-0398801

Applied For
Not Applicable

Zip
33126

Country

Zip
33126

Country

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

7. Name and Address of Current Registered Agent

Name
AURELIO A PIEDRA

Street Address (P.O. Box Number is Not Acceptable)
780 NW 42 AVENUE

200055383902
05/27/05--01006--004 **1051.00

Suite, Apt. #, Etc.
516

City
MIAMI, FLORIDA

State
FL

Zip Code
33126

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**

X *[Signature]*

Date 4-12-05

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 |
|--------|-----------------------------------|--|--------------------|
| PSD | CARLOS J ALOY | 780 NW 42 AVENUE | MIAMI, FL 33126 |
| VTD | ALEXANDRA L DE JACOBSON | 780 NW 42 AVENUE | MIAMI, FL 33126 |
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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.

(305)

SIGNATURE: X *Carlos Aloy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-05 443-7122
Date Daytime Phone #

CR2E081 (01/05)