

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 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000024004

1. Corporation Name
BUFENOTOP USA, INC.

2. Principal Office Address
780 NW 42 AVENUE

Suite, Apt. #, etc.
516

City & State
MIAMI, FLORIDA

Zip
33126

Country

3. Mailing Office Address
780 NW 42 AVENUE

Suite, Apt. #, etc.
516

City & State
MIAMI, FLORIDA

Zip
33126

Country

REINSTATEMENT

03-05

T. Roberts JUN 03 2005

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

04-3611537

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
AURELIO A PIEDRA

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

Suite, Apt. #, Etc.
516

City
MIAMI, FLORIDA

State
FL

Zip Code
33126

600055370266
05/26/05--01036--015 **1050.00

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

[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	GARCIA-SARDA, GONZALO	780 NW 42 AVENUE	MIAMI, FL 33126
STD	DE GARCIA-SARDA, SONIA S.	780 NW 42 AVENUE	MIAMI, FL 33126

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05

Date

Daytime Phone #

(305)
443-7122

CR2E081 (01/05)