

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -7 PM 12: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04

600041667856

10/07/04--01031--001 **300.00

00 10/7

DOCUMENT # P02000030339

1. Corporation Name

DICOSERMA EQUILIBRA USA, INC.

5071 STARBLAZE DRIVE

5071 STARBLAZE DRIVE

2. Principal Office Address

5071 STARBLAZE DRIVE

3. Mailing Office Address

5071 STARBLAZE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GREENACRES

City & State

GREENACRES

Zip

33463

Country

USA

Zip

33463

Country

USA

4. Date Incorporated or Qualified

-To Do Business in Florida 03/20/2002-

5. FEI Number

02-0578501

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

JESUS DEVESA

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

5071 STARBLAZE DRIVE

Suite, Apt. #, Etc.

City

GREENACRES

State
FL

Zip Code
33463

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

9/30/04

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
P	JESUS DEVESA	5071 STARBLAZE DRIVE	GREENACRES, FL 33463
V	LIDIA DEVESA	5071 STARBLAZE DRIVE	GREENACRES, FL 33463
S	LIDIA DEVESA	5071 STARBLAZE DRIVE	GREENACRES, FL 33463
T	ROSARIO VILLANUEVA	5071 STARBLAZE DRIVE	GREENACRES, FL 33463

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

Date

9/30/04

Daytime Phone #

561-439-7256

CR2E081 (01/04)

ABC Farna Inc.

5071 Starblaze Drive
Greenacres, FL 33463
(561) 439-7256

FILED

P02000030339

September 30, 2004

Department of State
Division of Corporations
Att. Anna Shesut
PO Box 6327
Tallahassee, FL 32314

4 OCT -7 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FL

for filing purposes only

Re: Reinstatement of Dicoserma Equilibra USA Inc and Merger between ABC Farna Inc and Dicoserma Equilibra USA Inc.

Dear Ms. Shesut:

Attached is the reinstatement form for Dicoserma Equilibra USA Inc to proceed with the merger between Dicoserma Equilibra USA and ABC Farna Inc.

Included is also a check for \$300.00 for the reinstatement as agreed on our phone call since I never received a form to renew the annual report.

Sincerely,

Jesus Devesa
President

ABC Farna Inc.

Thank you for your help