

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000074847**

1. Corporation Name

BORBOREMA DISTRIBUTION USA INCORPORATED

Principal Place of Business

**7430 SW 59 CT STE 7-B
MIAMI FL 33143**

Mailing Address

**7430 SW 59 CT STE 7-B
MIAMI FL 33143**

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

2. New Principal Office Address, If Applicable

3505 NW 113 COURT

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33178

Country

3. New Mailing Office Address, If Applicable

3505 NW 113 COURT

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33178

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/2002

5. FEI Number

01-0732752

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	BORBOREMA, MARCAL	7430 SW 59 CT STE 7-B	MIAMI FL 33143

8. Name and Address of Current Registered Agent

**SPEIGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLOOR
MIAMI FL 33145**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of
Registered Agent

MARCAL BORBOREMA, PRESIDENT
REGISTERED AGENT MUST SIGN

Date

10/27/03

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:

MARCAL BORBOREMA, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/03

Daytime Phone #

305-592-6788

CR2E040 (7/03)

Miami - October 27, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

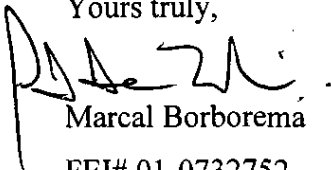
Our Company, Borborema Distribution USA, **has filed and paid (check # 355 collected by your department on 7/25/2003)**, for the Uniform Business Report within the deadline as established by the FL State.

Apparently the FEI number was missing in the form (please see attached copy for that UBR with the correct FEI #). A week ago we got back the attached Application for reinstatement.

Please note that we never received a Rejection letter.

On October 27, 2003 we were informed by Martina Williams (from your customer support center) to simply re-send the UBR form. We are doing so at this time.

Yours truly,



Marcal Borborema

FEI# 01-0732752

Borborema Distribution USA

3505 NW 113 Court

Miami, FL 33178

(305) 592-6788