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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -4 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000077572

1. Corporation Name

LUGO USA, INC.

2. Principal Office Address	3. Mailing Office Address
7200 W. Camino Real	Same
Suite, Apt. #, etc. #102	Suite, Apt. #, etc.
City & State Boca Raton, FL.	City & State
Zip 33433 Country USA	Zip Country

600024917716
11/21/03--01015--009 **158.75

4. Date Incorporated or Qualified To Do Business in Florida 7/16/2002

5. FEI Number — 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: Grant Kaplan

Street Address (P.O. Box Number is Not Acceptable): 7200 W. Camino Real

Suite, Apt. #, Etc.: #102

REINSTATEMENT 03

City: Boca Raton State: FL Zip Code: 33433

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: 10/31/03

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
D/P	Louis Chude	c/o Grant Kaplan, Suite 102	7200 W. Camino Real, Boca Raton FL 33433
S	Grant Kaplan	Same as above	

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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NOV-03-2003 MON 01:43 PM BLACKSTONE LEGAL SUPP FAX NO. 9545834117 P. 02

Att: Division of Corps.

We did not receive
Our 2003 Annual Report.
Our correct mailing and
principle address is

c/o Grant Kaplan
102
7200 W. Camino Real
Boca Raton Fl. 33433

Please reinstate this
corp and issue a CGS.
Check for 158.75 attached

Grant Kaplan - Secretary

X