

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -9 PM 12: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000116565

1. Corporation Name

Precom USA, Corporation

2. Principal Office Address

3191 Coral Way

Suite, Apt. #, etc.

701

City & State

Miami, Florida

Zip

33131

Country

Dade

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

22-3880836

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200030122082
03/09/04--01061--008 **308.75

7. Name and Address of Current Registered Agent

Name

Madera, Wilson A

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

3191 Coral Way

Suite, Apt. #, Etc.

701

City

Miami

State

FL

Zip Code

33131

REINSTATEMENT

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

Date

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
P	Madera, Wilson A	3191 Coral Way	Miami, Fl. 33131
VP	Cestari, Jorge A	3191 Coral Way	Miami, Fl. 33131

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

Daytime Phone #

20f2

Precom, USA Corporation
3191 Coral Way, Ste. 701
MIAMI, FLORIDA 33131

March 1, 2004

Uniform Business Report
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32302-1500

Re: Precom USA, Corporation.
Document #P02000116565

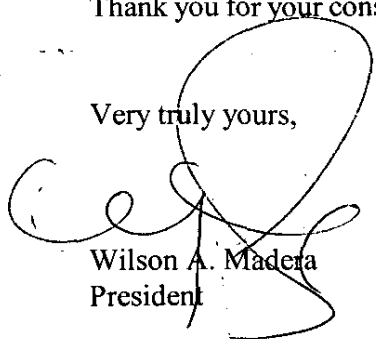
Dear Sir/Madam:

Enclosed is an executed Corporation Reinstatement for the captioned company. The annual report and any notices were not received by this company.

We are enclosing our check in the amount of \$308.75 to cover the fee to reinstate the company. Please waive any late fees.

Thank you for your consideration in this matter. Should you have any questions, please contact me.

Very truly yours,


Wilson A. Madera
President