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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	05 JUN 16 AM 9:03 REINSTATEMENT
DOCUMENT # P 02000132216			
1. Corporation Name TRANSPORTES USA, INC			
2. Principal Office Address 14034 SW 154 ST Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State MIAMI FLORIDA		City & State	
Zip 33177	Country USA	4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 37-1454509		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			

7. Name and Address of Current Registered Agent		
Name Jorge L. Pompa		
Street Address (P.O. Box Number is Not Acceptable) 14034 SW 154 Street		800056264398 06/16/05--01054--001 **450.00
Suite, Apt. #, Etc.		
City MIAMI	State FL	Zip Code 33177

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. 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	Jorge L. Pompa	14034 SW 154 ST	MIAMI, FL 33177

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 # _____

CR2E081 (01/05)

TRANSPORTERS USA, INC.
JORGE L POMPA

14034 SW 154 STREET
MIAMI, FLORIDA 33177
USA

Phone 305-219-2958

2092
March 31, 2005

Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Associate,


RE: Document #P02000132216 .

Please find attached my Corporation Reinstatement Form along with a check for \$450.00 which is for 2003, 2004 and 2005. I have never gotten an Annual Renewal form for this corporation and was unaware that there was a yearly fee. Please reinstate my corporation.

Should you need any additional information please do not hesitate to get in contact with me at the above address or telephone number.

Anything that you can do to expedite this matter would be greatly appreciated.

Sincerely,



Jorge L Pompa
President