

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR -4 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000016540

1. Corporation Name

LIVE IN USA INC

2. Principal Office Address - No P.O. Box #

4474 WESTON RD

Suite, Apt. #, etc.

#143

City & State

WESTON

Zip

33331

Country

USA

3. Mailing Office Address

4474 WESTON RD

Suite, Apt. #, etc.

#143

City & State

WESTON

Zip

33331

Country

USA

7. Name and Address of Current Registered Agent

Name

DANIEL VILLASMIL

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

4474 WESTON RD

Suite, Apt. #, Etc.

#143

City
WESTONState
FLZip Code
333314. Date Incorporated or Qualified
To Do Business in Florida 11/2003

5. FEI Number

65-1176201

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 2/25/08

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/T/S	DANIEL VILLASMIL G.	4474 WESTON RD #143	WESTON /FL/33331
S	CLAUDIA CARDONE	4474 WESTON RD #143	WESTON /FL/33331
			100119385761
			03/04/08--01025--010 **750.00

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 contained in Chapter 119, 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

2/25/08

Date

(954) 822-5039

Daytime Phone #