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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 MAR -8 PM 2:00

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SEC. OF STATE TALLAHASSEE, FLORIDA

ACCT. NO. 0506

EP

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (8/06)

DOCUMENT # P04000045142

1. Corporation Name
ALLISON U.S.A., INC.

2. Principal Office Address	3. Mailing Office Address
6701 NW 7th Street, Suite 190	6701 NW 7th Street, Suite 190
Suite, Apt. #, etc.: Blue Lagoon Business Park	Suite, Apt. #, etc.: Blue Lagoon Business Park
City & State: Miami, FL	City & State: Miami
Zip: 33126 Country: USA	Zip: 33126 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/11/2004

5. FEI Number: 20-0860901 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301-2525

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: Deborah D. Skipper Deborah D. Skipper Date: 3/8/2006

REGISTERED AGENT MUST SIGN Asst. V. Pres.

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
Pres	Paul Diaz-Asper	6701 NW 7th Street, Suite 190	Miami, FL 33126
VP	Silvio Vecellio Reane	6701 NW 7th Street, Suite 190	Miami, FL 33126
VP	Gualtiero Coppe	6701 NW 7th Street, Suite 190	Miami, FL 33126
Sec	Cynthia G. Fischer	140 Broadway, Suite 3100	New York, NY 10005

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: Cynthia G. Fischer March 7, 2006 212-973-8175

SIGNATURE AND TITLE OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR: Secretary — Date — Daytime Phone #

H06000062145 3

Florida Department of State
Division of Corporations
Public Access System

2912

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

ALLISON U.S.A., INC.

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