2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000056623

1. Entity Name
OPEN USA CORP

Principal Place of Business	Mailing Address
3407 TORREMOLINOS AVE MIAMI, FL 33178	3407 TORREMOLINOS AVE MIAMI, FL 33178

FILED

06 JAN 19 PM 3: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT CR2E048 (11/05)

10-04-05--01009--023 *150.00 05-06

2. Principal Place of Business	3. Mailing Address
2850 Glades Circle	2850 Glades Circle
Suite, Apt. #, etc. Unit F #6	Suite, Apt. #, etc. Unit F #6
City & State Weston FL	City & State Weston FL
Zip 33327 Country	Zip 33327 Country

4. FEI Number 20-1057558   ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOTERO, DAVID 3407 TORREMOLINOS AVE MIAMI, FL 33178	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _David Botero_   01-16-06

Signature typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BOTERO, DAVID 3407 TORREMOLINOS AVE MIAMI, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Botero, David P.O Box 227743 Miami FL 33122	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100060202331 10/04/05--01009--003 **150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100060202331 02/06/06--01013--022 **150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100060202331 02/06/06--01013--023 **8.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _David Botero_   01-16-06   786-326-2549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #