
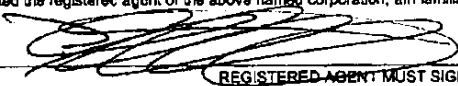
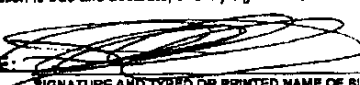


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------------------------|---|----------------------|--------|-----------------------------------|--|--------------------|-----|---------------|--------------------------------|----------------------|-------|---------------|--------------------------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DOCUMENT # P04000091949 1. Corporation Name <div style="font-size: 1.5em; font-weight: bold; text-align: center; padding: 10px 0;">CONCRECEL USA, INC.</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Office Address - No P.O. Box # 6751 North Federal Hwy. Suite, Apt. #, etc. Suite 302 City & State Boca Raton, FL Zip Country 33487 USA | | 3. Mailing Office Address 6751 North Federal Hwy. Suite, Apt. #, etc. Suite 302 City & State Boca Raton, FL Zip Country 33487 USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Name and Address of Current Registered Agent Name David Gembala Street Address (P.O. Box Number is Not Acceptable) 6751 N. Federal Hwy. Suite, Apt. #, Etc. Suite 302 City State Zip Code Boca Raton FL 33487 | | <div style="text-align: right; font-weight: bold; font-size: 1.2em;">REINSTATEMENT</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">05-07</div> 4. Date Incorporated or Qualified To Do Business in Florida 06/17/2004 5. FEIN Number 20-5877126 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional fee required for a Certificate of Status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: <u>June 18, 07</u> <div style="text-align: center; font-weight: bold; font-size: 0.8em;">REGISTERED AGENT MUST SIGN</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P/D</td> <td>David Gembala</td> <td>6751 N. Federal Hwy., Ste. 302</td> <td>Boca Raton, FL 33487</td> </tr> <tr> <td>T/S/D</td> <td>Henry Gembala</td> <td>6751 N. Federal Hwy., Ste. 302</td> <td>Boca Raton, FL 33487</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip | P/D | David Gembala | 6751 N. Federal Hwy., Ste. 302 | Boca Raton, FL 33487 | T/S/D | Henry Gembala | 6751 N. Federal Hwy., Ste. 302 | Boca Raton, FL 33487 | | | | | | | | | | | | | | | | |
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| T/S/D | Henry Gembala | 6751 N. Federal Hwy., Ste. 302 | Boca Raton, FL 33487 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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:  | | Date: <u>June 18, 07</u> Daytime Phone #: <u>454 325 1380</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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STATE OF FLORIDA)
COUNTY OF BROWARD)

AFFIDAVIT

BEFORE ME, the undersigned personally appeared HENRY GEMBALA, director of CONCRECEL USA CORP, a Florida corporation, who upon being duly sworn, states as follows:

I have no intention of revoking the voluntary dissolution of CONCRECEL USA CORP and therefore I am releasing the name.

FURTHER AFFIANT SAYETH NOT.

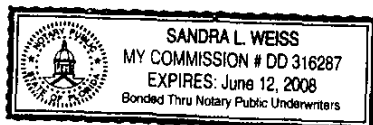
Dated this 13 day of July, 2007.

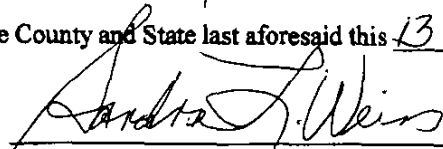

Henry Gembala

The foregoing instrument was acknowledged before me this 13 day of July, 2007, by Henry Gembala who is personally known to me or who has produced HENRY GEMBALA as identification and who (did / did not) [circle one] take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 13 day of July, 2007.

(Seal)




(signature)
Print Name: SANDRA L. WEISS
My Commission Expires: _____