

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 DEC 27 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000094433

1. Corporation Name

P.O.S. USA GROUP INC.

400113437004
12/27/07--01030--007 **450.00

REINSTATEMENT 15-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # 8950 SW 133 PI		3. Mailing Office Address 8950 SW 133 PI	
Suite, Apt. #, etc. APT. G		Suite, Apt. #, etc. APT. G	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33186	Country USA	Zip 33186	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6-21-2004	
5. FEI Number 20-1301444	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 DANIELA S. GAMEZ			
Street Address (P.O. Box Number is Not Acceptable) 8950 SW 133 PI			
Suite, Apt. #, Etc. APT. G			
City MIAMI, FLORIDA	State FL	Zip Code 33186	

☒ 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 DECEMBER 20
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	DANIELA S. GAMEZ	8950 SW 133 PI	MIAMI, FLORIDA 33186
S	DANIELA S. GAMEZ	8950 SW 133 PI	MIAMI, FLORIDA 33186
T	DANIELA S. GAMEZ	8950 SW 133 PI	MIAMI, FLORIDA 33186

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:	President	December 20/07	(305) 972-8046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

2 1/3