Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

TINER USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JAN 17 AM 11:46

REINSTATEMENT 11-12

DOCUMENT # P04000170050

1. Corporation Name
TINER USA, INC.

CR2E081 (11/10)

2. Principal Office Address - No P O Box #	3. Mailing Office Address
1001 BRICKELL BAY DRIVE	1001 Brickell Bay Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 2406	Suite 2406
City & State	City & State
MIAMI, FLORIDA	Miami, FL
Zip / Country	Zip / Country
33131 / USA	33131 / USA

4. Date Incorporated or Qualified To Do Business In Florida 12/20/2004

5. FEI Number 760793485 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $30.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Paulo Miranda.
Street Address (P.O. Box Number is Not Acceptable): 1001 Brickell Bay Dr.
Suite, Apt. #, Etc.: Suite 2406
City: Miami | State: FL | Zip Code: 33131

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: [signature] Date: 01/13/12
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	MARQUES VARELA, ANTONIO	C/O 1001 BRICKELL BAY DRIVE, SUITE 2406	MIAMI, FLORIDA, 33131

1/17

10. E-mail Address: PAULO.MIRANDA@PSMCORPORATE.COM
(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that the reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 01/13/12
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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