2007 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT			FILES
DOCUMENT # P0500007 1. Entity Name	2311		A fine lane
COPROELCA USA CORP.			2007 OCT -2 PM 2: 52
Principal Place of Business	Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORID
9600 NW 38 ST Miami, FL 33178	9600 NW 38 ST Miami, FL 33178		TALLAHASSEE, FLORIDA
MINNI, IL 33170	MINNI, IL 33170		1 (4 SUBBLI II) 4 SUBB BING SENS SENS 4 SEN 4 (4 SUBBLI 10 SUBBLINGS 11 SUBBLINGS 1
2. Principal Place of Business - No P.O. Box #/1	3. Mailing Address	0.0	
14061 SW 136PC Suite, Apt. #, etc.	14061 SW	136 K.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		09282007 REIN-P CR2E098 (1/07)
City & State Miami Fl	City & State	Fl.	4. FEI Number Applied For 20-3207749 Not Applicable
Zip Country /	Zip _	Country	5 Certificate of Status Desired \$8.75 Additional
33186 U.X., 6. Name and Address of Curre	33186	<i>V</i> (·∠∀_	7. Name and Address of New Registered Agent
		Name	MASSOCIATES P.A.
SAF, AYOUB BOU 9600 NW 38 ST			s (P.O. Box Number is Not Acceptable)
MIAMI, FL 33178		10.51	0 NW 16 St STE. C201
		1054 City D	Zip Code , cz. zi
8. The above named entity submits this statemen	the purpose of changing its re	gistered office or regis	lered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	V OA A PRO-		
SIGNATURE Synature, typed or feinted name of registered ag	ent and title if applicable. (NOTE: R	ASEPH F.	(a Da Na S) 9/18/07 [Ulred when reinstating) DATE
()		· · · · · · · · · · · · · · · · · · ·	
FILE NOWILL FEE IS \$150.00 After January 1, 2008, Fee will be \$300	0.00	·	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AN	ID DIRECTORS Delete	TITLE P.T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D
ASSAF, AYOUB BOU	LJ Delete	1 74	- /\
STREET ADDRESS 9600 NW 38 ST CITY-ST-ZIP MIAMI, FL 33178	·	STREET ADDRESS 144	55a F, 1400 B BOU 161 SW 136 Pl. 1ami, Fl. 33186
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME STREET ADDRESS	800110182588
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	800110182588 10/02/0701039009 **150.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME Street address		NAME STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	□ - · ·	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME	☐ Delete	NAME	Change Addition i
STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	- veidie	NAME	
STREET ADDRESS CHY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
12. I horoby certify that the information supplied	with this filing does not qualify for t	he exemptions contain	ned in Chapter 119, Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director
indicated on this report or supplemental repo of the corporation or the receiver or trustee e changed, or on an attachment with an addres	ripowered to execute this report as	s required by Chapter (re same legal effect as if made under odin; that I am an officer of director 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if
			(100/00 (305) 513 313 9
SIGNATURE:	OR PRINTED NAME OF SIGNING OFFICER OF	R DIRECTOR	9/28/07 (305)513 363 9 Date Dayme Phone 6
A. I.	Bou AssaF		1(
AYOUD	000 NSSA1		li√ l >