

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2013 JUL 25 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09000019525

1. Corporation Name

FESE USA, INC.

2. Principal Office Address - No P.O. Box #

175 SW 7th St.

Suite, Apt. #, etc.

#1907

City & State

Miami, Fl.

Zip

33130

Country

USA

3. Mailing Office Address

175 SW 7TH ST.

Suite, Apt. #, etc.

#1907

City & State

MIAMI, FL.

Zip

33130

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
03/02/2009

5. FET Number

980613999

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
NO

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CABANAS & ASSOCIATES, P.A.

Street Address (P.O. Box Number is Not Acceptable)

10520 NW 26TH STREET

Suite, Apt. #, Etc.

#C 201

City

DORAL

State

FL

Zip Code

33172

900250141779
07/25/13--01034--015 **1050.00

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

Joseph F. Cabanas

Date July 17, 2013

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
DCP	Fernandez Senderos, Eduardo J.	175 SW 7TH ST. - #1907	MIAMI, FL. 33130
VP	Fernandez Senderos, Serapion V.	175 SW 7TH ST. - #1907	MIAMI, FL. 33130
S	Ruiz Camero, Manuel F.	175 SW 7TH ST. - #1907	MIAMI, FL. 33130
T	Fernandez Senderos, Federico C.	175 SW 7TH ST. - #1907	MIAMI, FL. 33130

10. E-mail Address: MARIA@CABANASPA.COM

(To be used for future annual report notification)

11. 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., 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:

EDUARDO J. FERNANDEZ

07/17/13 (786) 539 5425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

cc 7/25