PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400356736454
12/18/20--01023--013 **1393.75

DOCUMENT # P13000099205

1. Corporation Name
GMA USA, CORP.;

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2260 S.W. 8TH STREET	2260 S.W 8TH Street
Suite, Apt. #, etc. STE - 305	Suite, Apt. #, etc. STE - 305
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33135 Country DADE	Zip 33135 Country DADE

4. Date Incorporated or Qualified To Do Business in Florida 12-11-2013

5. FEI Number 46-4306250 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED $8.75 Additional Fee required (for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: MAURICIO R. FELIPPE

Street Address (P O Box Number is Not Acceptable): 1001 S.W 105TH AVE

Suite, Apt. #, Etc: #101

City: MIAMI State: FL Zip Code: 33174

REINSTATEMENT 10

2011-2020

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 DEC 3, 2020

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
D	MAURICIO D RESENDE FELIPPE	1001 SW 105TH AV #101	MIAMI FL 33174
D	MARCO V.C. LEITE PEREIRA	1001 SW 105TH AV. #101	MIAMI FL 33174
P	MARIELSON J.F.X. DA SILVA	1001 SW 105TH AV. #101	MIAMI FL 33174
V	SHELLDON A. MARIN	1001 SW 105TH AV. #101	MIAMI FL 33174

10. E-mail Address: mauricio@gmausacorp.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 that 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: _____ Mauricio D Resende Felippe Dec. 3, 2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #