PI FASE READ A	ALL INSTRUCTIONS	REFORE COMPI	FTING THIS FORM	A	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTME Katherine He Secretary of S	NT OF STATE arris State		ILED LY OF STATE CORPORATIONS	
DOCUMENT # P93000041491 1. Corporation Name			99 NOV -1	PM 4: 36	
CADORE MODA U.S.A., INC.					
Principal Place of Business Malling Address					
8011 NW 14TH ST MIAMI FL 33126 US	8011 NW 14TH ST Mamh Fl 33126 US				
If above addresses are incorrect in any way, line thro	augh incorrect information and enter	correction below. RFIN	ISTATEMENT	P	
New Principal Office Address, If Applicable New Mailing Office Address, If A			Incorporated or Odelified		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI I		06/11/1993 Applied For	
City & State	City & State		65-0416399	Not Applicable	
Zip Country	Zip Countr	6. CERT	TIFICATE OF STATUS DESIRED 🔲 \$	8.75. A Littorial Equirequired for a Certifical Coffstatus	
7. Names and Street Addresses of Each Officer and/o	Stu	reet Address of Each			
Title(s) and/or Directors	3	Officer and/or Director		City / State / Zip	
DA RIN ARRIGO	BOTH NW 1979	BOTH NW 1974 ST			
O GRAUPERA AGUEDA M	8011 NW 14-ST		MIAMI-FL33126		
P/D Paul DiAZ	8011 N	8011 NM 14st		Fl 33126	
			70000303	887776 01005001	
			****750.	00 ****750.00	
8. Name and Address of Current F	Registered Agent	9. Name	and Address of New Registers	d Agent	
Name			Paul Dinz		
POZO-DIAZ, MARTHA ESQ 8000 WEST FLAGLER ST.		Street Address (P.Q. Box Number is Not Adeptable)		24ZE040 (8)	
SUITE 203	Sulte, Apl MERC MI		8		
MIAMI FL 33144 City MICAM) State Zip Code 120				ate Zip Cade 126	
10. I, being appointed the registered agen of the above	ve named corporation, am familiar w	1	. `		
Signature of Registered Agent Record	GISTERED AGENT MUST SIGN		Date 10/26	/1999	
11. I certify that I am an officer or director or the resent this reinstatement application, the reason for disso owed by the corporation have been paid and the non this application is true and accurate, and my significan	olution has been eliminated, the corp names of individuals listed on this to	orate name satisfies the requir rm do not qualify for an exemp	ements of section 607.0401 or 61; tion under section 119.07(3)(i), F.:	'.0401, F.S., that all fees	
SIGNATURE: SIGNATURE AND TYPED OR PRIN	NTED NAME OF SIGNING OFFICER OR		. 10 [26]99	305 16 016 Deytime Phone #	