

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p94000000867

1. Corporation Name

CONSONNI U.S.A., INC.

2. Principal Office Address

1224 WASHINGTON AVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FLORIDA

Zip

33139

Country

U.S.A.

3. Mailing Office Address

1224 WASHINGTON AVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FLORIDA

Zip

33139

Country

U.S.A.

REINSTATEMENT 02

10/14/02 01019-012 35.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/05/1994

5. FEI Number

650761144

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

JOSEPH I. EMAS, ESQUIRE

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

1224 WASHINGTON AVENUE

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33139

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

REGISTERED AGENT MUST SIGN

Date 10/8/02

900008354149--1

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

10/14/02--01027--002

***630.00 ***630.00

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

CEO
D

PEDRO P ERRAZURIZ

A.V. AMERICO VESPACIO SUR
100-PISO 16

SANTIAGO, CHILE

5
PRES.

JOSEPH I. EMAS

1224 WASHINGTON AVE

MIAMI BEACH, FLORIDA
33139

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH I. EMAS

10/08/02
Date

305-866-3360
Daytime Phone #

CR2E081 (9/01)

Joseph I. Emas
ATTORNEY AT LAW
1224 Washington Avenue
Miami Beach, Florida 33139
(305) 866-3360

BY FEDERAL EXPRESS

October 8, 2002

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

100008352141--8
-10/14/02--01019--002
*****35.00 *****35.00

Re: Reinstatement of CONSONNI U.S.A., INC. and change of Registered Agent

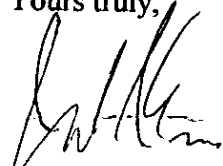
To Whom It May Concern:

Enclosed find the Corporation Reinstatement for **Consonni U.S.A., Inc.**. Please return certified copies to us in the enclosed envelope for our files, including a certificate of status. Please find our check in the amount of \$630.00 to cover the appropriate fees.

Also, enclosed find the Statement of Change of Registered Agent. Please find our check in the amount of \$35.00 to cover the appropriate fee.

If you have any questions please contact me at (305) 866-3360.

Yours truly,



Joseph I. Emas

Enclosures