. PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR 21 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031408

1. Corporation Name
TUSPECA U.SA., INC.

2. Principal Office Address	**3.** Mailing Office Address
2655 LeJeune Rd.	2655 LeJeune Rd
Suite, Apt. #, etc. #507	Suite, Apt. #, etc. #507
City & State Coral Gables, Fl	City & State Coral Gables, Fl.
Zip 33134 Country USA	Zip 33134 Country USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 4/26/94

5. FEI Number 650624044 ☐ 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: Juan Vicente Urdaneta
Street Address (P.O. Box Number is Not Acceptable): 2655 LeJeune Rd.
Suite, Apt. #, Etc.: #507
City: Coral Gables State: FL Zip Code: 33134

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 4/13/06
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.	Juan Rodriguez	2655 LeJeune Rd #507	Coral Gables, Fl. 33134
D.	Marta E. Quintero	2655 LeJeune Rd #507	Coral Gables, Fl. 33134

500072371055
04/27/06 01027 011 **1050.00
K. Eckel APR 21 2006

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 contained in Chapter 119, 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: _____ Juan V. Urdaneta, Esq. Atty in fact
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/13/06 Date
305-728-1319 Daytime Phone #
for Juan Rodriguez - Dir