

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 16 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

~~Katherine Harris~~

Secretary of State

DIVISION OF CORPORATIONS

01-02 UBR

DOCUMENT # P94000072356

1. Corporation Name

Triangulo (USA) Corp.

2. Principal Office Address

1111 Crandon Boulevard

Suite, Apt. #, etc.

1005 C

City & State

Key Biscayne, FL

Zip

33149

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

5. FEI Number

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

Aquilino A. de la Guardia, Jr

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

1111 Crandon Boulevard, Suite 1005 C

Suite, Apt. #, Etc.

City

Key Biscayne

State

FL

Zip Code

33149

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9/13/02

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
Presid/ Vicep/	Aquilino A. de la Guardia, Jr.	1111 Crandon Boulevard Suite 1005 C	Key Biscayne, FL 33149
Secretary/ Treasurer			

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

[Signature]

[Signature]

9/13/02

Date

305-283 2201

Daytime Phone #

Aquilino A. de la Guardia, Jr., President

CR2E081 (9/01)

LAW OFFICES OF
AVELINO J. GONZALEZ, P.A.
6780 CORAL WAY LAW CENTER
MIAMI, FLORIDA 33155
TELEPHONE: (305) 668-3535
FACSIMILE: (305) 668-3545

August 27, 2002

Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Triangulo (USA) Corp. (Doc. No. 94000072356)

Dear Sir/Madam:

Enclosed please find a check in the amount of \$300.00 for the reinstatement of the above mentioned corporation.

Should you have any questions, please do not hesitate to contact our offices.

Sincerely yours,



Avelino J. Gonzalez, Esq.