

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 APR -3 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000083170

1. Corporation Name

LAREINE U.S.A., INC.

2. Principal Office Address

Box P145

3. Mailing Office Address

Box P145

REINSTATEMENT 07-02

Suite, Apt. #, etc.

8424 N.W. 56 Street

Suite, Apt. #, etc.

8424 N.W. 56 Street

City & State

Miami, Florida

City & State

Miami, Florida

4. Date Incorporated or Qualified To Do Business in Florida

11/10/1994

5. FEI Number

65-0812766

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

George Befeler, Esq.

000005289980 --- 4

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

80 S.W. 8th Street

-04/17/02--01068--009

\*\*\*1508.75 \*\*\*1508.75

1508.75

Suite, Apt. #, Etc.

Suite 3100

City

Miami

State  
FL

Zip Code  
33130

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 4-1-02

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
D	George Befeler	80 S.W. 8 Street, Ste 3100	Miami, FL 33130

*[Handwritten Signature]*

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:

*[Handwritten Signature]* George Befeler, Esq.

4-1-02

(305) 536-8856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)