

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION REINSTATEMENT**

**2000**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC -4 AM 10:57

DOCUMENT # P95000031674

1. Corporation Name

AMERILIPS USA, INC.

2. Principal Office Address

1890 N.W. 82 AV

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

112

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33126

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

APRIL 21/95

5. FEI Number

65-0574897

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

CARLOS E. MATEUS

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

14203 S.W. 66 ST.

Suite, Apt. #, Etc.

102-B

City

MIAMI

State

FL

Zip Code

33183

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

*Carlos E. Mateus*

Date DEC. 05/00

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
PRES.	CARLOS E. MATEUS	14203 S.W. 66 ST #102-B	MIAMI, FL 33183

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:

*Carlos E. Mateus* CARLOS E. MATEUS

Date

DEC. 05/00 (305)597-9417

Daytime Phone #

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AMERILINES USA, INC.  
14203 SW 66 ST., SUITE 102  
MIAMI, FL 33183  
amerusa@bellsouth.net  
TEL(305)597-9467  
Fax(305)597-9465

November 07, 2000

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

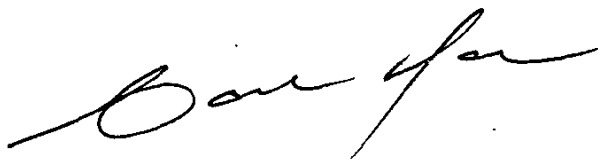
Dear Sir/Madam:

Our bank, Mellon United National Bank, has informed us that The Department of State has officially Dissolved our Corporation.

If we failed to file a report, please accept my apologies. First of all, I travel extensively overseas and In addition, we changed our address, from 9300 NW 58 ST., to 14203 SW 66 ST., as shown above. I can only think that in the interim, we never received the corresponding forms and overlooked the Issue in the process.

Please accept the attached check for \$150.00 covering the report and, again, let me humbly apologize For the inconvenience.

I thank you in advance  
Very truly yours,



Carlos E. Mateus