


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 96 OCT 28 PM 12:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA 900001998839--4 -11/07/96--01026--022 *****375.00 *****375.00 REINSTATEMENT 9600	
DOCUMENT # P95000072394					
1. Corporation Name SIMS USA, INC.					
Principal Place of Business 9561 Fountain Blue Blvd #216 MIAMI FL, 33172			Mailing Address 9561 Fountain Blue Blvd #216 MIAMI FL, 33172		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 9/19/95 5. FEI Number 65-0613457 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
P	JAIME SIMS	9561 Fountain Blue #216	MIAMI, FL 33172		
VP	ROXANA DELGADO	9561 FOUNTAIN BLUE #216	MIAMI, FL 33172		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Signature of Registered Agent X REGISTERED AGENT MUST SIGN			Name ROXANA DELGADO		
			Street Address (P.O. Box Number is Not Acceptable) 9561 FOUNTAIN BLUE		
			Suite, Apt. #, Etc. #216		
			City Miami		
State FL			Zip Code 33172		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Date 10/2/96					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10/2/96 (305) 227-5857					

C12E040 (12/95)