


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -1 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000023185

1. Corporation Name

Awo Elerin IFA-LETI U.S.A., Inc.

REINSTATEMENT

2. Principal Office Address
13550 S.W. 99th Ct.

3. Mailing Office Address
13550 S.W. 99th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip Country

33173-6117 U.S.A.

Zip Country

33173-6117 U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 03/14/96

6. FEI Number
65-0662359

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

06-07
04/11/07 90041 003 \$150.00

7. Name and Address of Current Registered Agent

Name
Proenza, Maria E.

Street Address (P.O. Box Number is Not Acceptable)
13550 S.W. 99th Ct.

Suite, Apt. #, Etc.

City

Miami

State

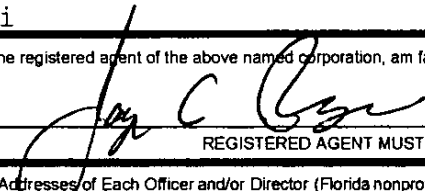
FL

Zip Code

33173

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



REGISTERED AGENT MUST SIGN

Date

4/24/07

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/P/T | Proenza, Jorge F. | 13550 S.W. 99th Ct. | Miami, FL 33173 |
| D/S | Proenza, Maria E. | 13550 S.W. 99th Ct. | Miami, FL 33173 |
| | | | |
| | | | |
| | | | |

300103131433
05/24/07--01009--002 **750.00

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:

Jorge F. Proenza

305-232-2766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)