

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY 11 PM 2:26

DOCUMENT #

P96000024955

1. Corporation Name

TERRA NOVA USA, INC

2. Principal Office Address

430 GRAND BAY DRIVE

Suite, Apt. #, etc.

# 607

City & State

KEY BISCOYNE, FLORIDA

Zip

33149

Country

USA

3. Mailing Office Address

430 GRAND BAY DRIVE

Suite, Apt. #, etc.

# 607

City & State

KEY BISCOYNE, FLORIDA

Zip

33149

Country

USA

REINSTATEMENT 99-01

4. Date Incorporated or Qualified  
To Do Business in Florida

03/20/1996

5. FEI Number

65-0651855

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

VIOLETA GOMEZ

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

430 GRAND BAY DRIVE

Suite, Apt. #, Etc.

# 607

City

KEY BISCOYNE

600004324246-4

05/29/01-01002-015

\*\*\*1050.00 \*\*\*1050.00

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]*

Date 5.7.01

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
D	VIOLETA GOMEZ	430 GRAND BAY DRIVE #607	KEY BISCOYNE, FL 33149
D	MANUEL GOMEZ	430 GRAND BAY DRIVE #607	KEY BISCOYNE, FL 33149

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.7.01

Date

305.3659187

Daytime Phone #