

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000068868	
1. Entity Name HIDRO-GRUBERT U.S.A. INC.	



FILED
07 MAY 18 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6801 NW 77 AVE 201 MIAMI, FL 33166	Mailing Address 6801 NW 77 AVE 201 MIAMI, FL 33166
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2. Principal Place of Business - No P.O. Box # 6801 SW 57 Ave	3. Mailing Address 6801 SW 57 Ave
Suite, Apt. #, etc. E	Suite, Apt. #, etc. E
City & State Miami, Florida	City & State Miami, Florida
Zip 33144	Country USA



05102007 REIN-P CR2E098 (1/07)

4. FEI Number 65-0698730	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BERTOTTO, SERGIO A 6801 N.W. 77TH AVENUE 201 MIAMI, FL 33166	7. Name and Address of New Registered Agent Name Elena Diaz + Associates Inc. Street Address (P.O. Box Number is Not Acceptable) 6801 SW 57 Ave Suite E City Miami FL Zip Code 33144
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Elena Diaz Elena Diaz, President 5-10-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERTOTTO, SERGIO A PIEDRAS 519 - TERCER PISO 1070 CAPITAL FEDERAL, AR <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400103905954 06/05/07--01028--014 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERTOTTO, LETICIA T 6801 NW 77TH AVE, STE. 201 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BERTOTTO Leticia T. Piedras 519, Tercer Piso 1070 Capital Federal, AR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERTOTO, DOMINGO PIEDRAS 519 - TERCER PISO 1070 CAPITAL FEDERAL, AR <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sergio BERTOTTO 5-10-07 (305) 246-2428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #