PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC -3 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000069574

1. Corporation Name
NGL - U.S.A. INDUSTRIAL PRODUCTS CORPORATION

Principal Place of Business	Mailing Address
1601 NE 191 STREET STE 217-B NO MIAMI BEACH FL 33179	1601 NE 191 STREET STE 217-B NO MIAMI BEACH FL 33179

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	1601 NE. 191 ST. STE. 216-B Suite, Apt. #, etc.
City & State	N. MIAMI BEACH FL City & State
Zip / Country	Zip 33179 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/21/1996

5. FEI Number: 65-0691787 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	ARANDA, NATALIO E	1601 NE 191 STREET STE 217-B	NO MIAMI BEACH FL 33179
VSD	ZARATE, FABIAN M	1601 NE 191 STREET STE 217-B	NO MIAMI BEACH FL 33179
T	ZARATE, AGDA B	1601 NE 191 STREET STE 217-B	NO MIAMI BEACH FL 33179

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-12/16/97--01078--003
****165.00 ****165.00

8. Name and Address of Current Registered Agent

ZARATE, FABIAN M
1601 NE 191 STREET STE 217-B
NO MIAMI BEACH FL 33179

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (8/97)

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.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV. 10 1997
Date

305/9400809
Daytime Phone #

NGL USA INDUSTRIAL PRODUCTS CORP.

1601 N.E. 191 ST. SUITE 216-B
Miami , FL 33179
off(305) 940-0809
fax(305) 940-0570

October 28 1997

Department of State
Division of corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Madam/ Gentlemen:

Please excuse the non payment fees for a Corporation annual report, but I never receive the documentation at the time, may be due that the current address in your files is wrong, the correct address is as follow.

NGL-U.S.A. INDUSTRIAL PRODUCTS CORPORATION
1601 N.E. 191 street Suite 216
North Miami Beach, FL 33179

Please find attached a check for $ 165.- and a reinstatement application

Thankyou for the help with this matter

Sincerely:

Fabian Mauricio Barreda Zarate