PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR (97) REINSTATEMENT

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

APPROVED AND FILED
97 NOV 18 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000079044

1. Corporation Name

THIS WEEK USA CORPORATION, INC.

Principal Place of Business	Mailing Address
601 Collins Avenue Miami Beach, FL 33139	601 Collins Avenue Miami Beach, FL 33139

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.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 9/24/96

5. FEI Number: Applied For ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $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)

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)	City / State / Zip
P	PABLO ARGENTINO BRITES	601 Collins Avenue	Miami Beach, FL 33139
V	ALVARO MIRANDA PACHECO	601 Collins Avenue	Miami Beach, FL 33139
T	BERNARDO FRANCISCO FERRERO	601 Collins Avenue	Miami Beach, FL 33139
S	JOSE ALBERTO GONZALEZ	601 Collins Avenue	Miami Beach, FL 33139
D	GUILLERMO JOSE ORSI	601 Collins Avenue	Miami Beach, FL 33139

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*****150.75 *****150.75

REINSTATEMENT 97 A. Allen 11/18/97

8. Name and Address of Current Registered Agent

VICTOR A. CAREAGA, ESQ.
843 Washington Avenue
Miami Beach, FL 33139

9. Name and Address of New Registered Agent

Name: ROBERT L. SCHIMMEL
Street Address (P.O. Box Number is Not Acceptable): 3191 Coral Way
Suite, Apt. #, Etc.: PH-2
City: Miami | State: FL | Zip Code: 33145

CR2E040 (7-95)

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 _____ REGISTERED AGENT MUST SIGN

Date 11/13/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No [X]

(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 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
PABLO ARGENTINO BRITES

NOVEMBER 3 RD., 1997
Date

305-447-1112
Daytime Phone #

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11/18/97

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NOVEMBER 3 RD., 1997
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305-447-1112
Daytime Phone #

CR2E040 (12/96)