PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT (97)

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
601 Collins Avenue
Miami Beach, FL 33139

Mailing Address
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
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
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)

| 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 |
|---|---|---|---|
| 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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****158.75 ****158.75

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

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 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: _____ NOVEMBER 3 RD., 1997 (Date) 305-447-1112 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PABLO ARGENTINO BRITES

CR2E040 (12/96)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PABLO ARGENTINO BRITES

NOVEMBER 3 RD., 1997 — Date

305-447-1112 — Daytime Phone #

CR2E040 (12/96)