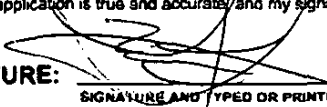


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 MAR 30 PM 3: 39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000020124					
1. Corporation Name Aromausa, Inc.					
2. Principal Office Address 10191 West Sample Rd Suite, Apt. #, etc. 101 City & State Coral Springs Zip FL Country 33065			3. Mailing Office Address 10191 West Sample Rd Suite, Apt. #, etc. 101 City & State Coral Springs Zip FL Country 33065		
			4. Date Incorporated or Qualified To Do Business in Florida 03-04-1997		
			5. FEI Number 650768892		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 Mario Mansilla					
Street Address (P.O. Box Number is Not Acceptable) 5724 NW 125 Terrace Suite, Apt. #, Etc. 101 Coral Springs FL City Coral Springs					
State FL Zip Code 33065					
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: 				Date: Mar 31-05	
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		
Off	Mario Mansilla	5724 NW 125 Terrace	Coral Springs FL 33076		
Agent	Mario Mansilla	10191 West Sample Rd Suite 101	Coral Springs FL 33065		
STATEMENT 99-05					
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 corporation now 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: 				Date: Mar 31-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	