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 # P97000026124

1. Corporation Name
Aroma usa, Inc.

2. Principal Office Address	3. Mailing Office Address
10191 West Sample Rd	10191 West Sample Rd
Suite, Apt. #, etc. 101	Suite, Apt. #, etc. 101
City & State Coral Springs FL	City & State Coral Springs FL
Zip 33065 Country	Zip 33065 Country

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

300058752865
04/14/05--01018--011 **1650.00

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

CR2E041 (01/06)

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
OF	Mario Mansilla	5724 N.W. 125 Terrace	Coral Springs FL 33076
Agent	Mario Mansilla	10191 West Sample Rd Suite 101	Coral Springs FL 33065
		REINSTATEMENT 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 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: _____ Mar 31-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #