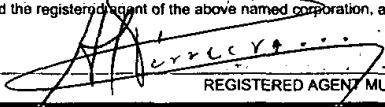
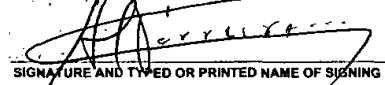


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000032975			
1. Corporation Name CIDALIS MODAS USA, INC.			
2. Principal Office Address 1847 NW 20th ST Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33142	Country US	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 04-11-1997		5. FEI Number 05-0743687	
6. CERTIFICATE OF STATUS DESIRED ☒		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name ARMANDO ALVEZ			
Street Address (P.O. Box Number is Not Acceptable) 1847 NW 20th STREET			
Suite, Apt. #, Etc.			
City MIAMI		State FL	Zip Code 33142
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 09/07/2001	
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
D	ALVEZ, ARMANDO	19355 TURNBERRY W #7B	MIAMI FL 33180
D	Ferreira de Oliveira, Maria	19355 TURNBERRY W #7B	MIAMI FL 33180
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: 		Date 09/07/2001	Daytime Phone # (305) 324-9080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			