PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 19 PM 12:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000032975

1. Corporation Name: CIDALIS MODAS USA. INC

2. Principal Office Address	**3.** Mailing Office Address
1847 NW 20TH ST	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33142 Country: US	Zip Country

2000 01

4. Date Incorporated or Qualified To Do Business in Florida: 04-11-1997

5. FEI Number: 65-0743687 ☐ 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: ARMINDO ALVEZ

Street Address (P.O. Box Number is Not Acceptable): 1847 NW 20TH STREET

000004670928--0
-11/07/01--01055--006
****900.00 ****900.00

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: [signature] 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, ARMINDO	19355 TURNBERRY W #7B	AVENTURA FL 33180
D	FERREIRA de OLIVEIRA, MARIA	19355 TURNBERRY W #7B	AVENTURA 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: [signature] 09/07/2001 (305)324-9080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #