

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P97000068664

1. Corporation Name

INFISA USA CORP.

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***1350.00 ***1350.00

2. Principal Office Address

95 MERRICK WAY

Suite, Apt. #, etc.

SUITE 440

City & State

CORAL GABLES, FL

City

Country

33134

USA

3. Mailing Office Address

95 MERRICK WAY

Suite, Apt. #, etc.

SUITE 440

City & State

CORAL GABLES, FL

City

Country

33134

USA

DECLARATION OF

4. Date Incorporated or Qualified To Do Business in Florida

08/07/1997

5. FEI Number

65-0776986

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LUIS F. DE LA CRUZ, JR.

Street Address (P.O. Box Number is Not Acceptable)

95 MERRICK WAY

Suite, Apt. #, etc.

SUITE 440

City

CORAL GABLES

State

FL

Zip Code

33134

8. I, the undersigned, being 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

REGISTERED AGENT MUST SIGN

Date

1/2/2002

9. List the names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
PD	MARIO CAMARGO, JR.	1101 BRICKELL AVENUE, STE 702S	MIAMI, FL 33131
SD	JOSE DAVID ESPINAL	1101 BRICKELL AVENUE, STE 702S	MIAMI, FL 33131
VD	LUIS ALFONSO ESPINAL	1101 BRICKELL AVENUE, STE 702S	MIAMI, FL 33131

10. I, the undersigned, am an officer or director of the corporation and hereby certify that the information provided in this application is true and correct. I further certify that when filing this application with the Department of State, the corporation has been organized in compliance with the requirements of section 607.0401 or 617.0401, F.S., that all fees have been paid, and the names of individuals listed on this form do not qualify for an exemption under section 619.07(3)(f), F.S. The information indicated on this form is true and correct, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO CAMARGO, JR.

01-03-02

305 448-1010

Date:

Signature: _____