2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000021221

1. Entity Name
ORIGINS GUSA, CORP.

FILED
06 JAN -3 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12112005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
650 NW 43 AVE MIAMI, FL 33126	P.O. BOX 740264 BOYNTON BEACH, FL 33437

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box C174 Suite, Apt. #, etc.
City & State	City & State DELRAY BEACH
Zip / Country	Zip 33482 / Country FL

4. FEI Number 65-0820278 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PLASCHINSKI, GUSTAVO 650 NW 43 AVE MIAMI, FL 33126	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 12/10/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

700062224 77
01/10/06--01041--007 **600.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PLASCHINSKI, SANDRA 650 NW 43 AVE MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PLASCHINSKI, GUSTAVO 650 NW 43 AVE MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T. Roberts JAN 05 2006 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700062224 77 12/16/05--01024--007 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 12/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #