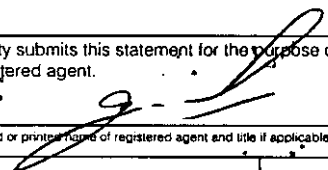
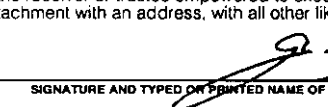


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000021221 1. Entity Name ORIGINS GUSA, CORP.					
Principal Place of Business 650 NW 43 AVE MIAMI, FL 33126			Mailing Address P.O. BOX 740264 BOYNTON BEACH, FL 33437		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 6174 Suite, Apt. #, etc.			
City & State		City & State DELRAY BEACH			
Zip	Country	Zip 33482	Country FL	4. FEI Number 65-0820278	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLASCHINSKI, GUSTAVO 650 NW 43 AVE MIAMI, FL 33126			7. Name and Address of New Registered Agent 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:  (NOTE: Registered Agent signature required when reinstating) DATE: 12/10/05					
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00			7000062222477 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PLASCHINSKI, GUSTAVO 650 NW 43 AVE MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Roberts JAN 05 2006	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000062222477 12/16/05--01024--007 **150.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  DATE: 12/10/05					