


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 21 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000080154

1. Corporation Name
Kestrel International U.S.A. Inc.

2. Principal Office Address 102 W. Whiting St. Suite, Apt. #, etc. 201 City & State Tampa, FL Zip 33602 Country USA		3. Mailing Office Address P.O. Box 1212 Suite, Apt. #, etc. City & State Tampa, FL Zip 33601 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 9/11/98

5. FEI Number 59-3533597
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

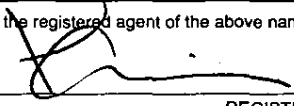
Name: Paul Willies

Street Address (P.O. Box Number is Not Acceptable): 13112 Townsend Lane

Suite, Apt. #, Etc.:

City: Tampa State: FL Zip Code: 33612

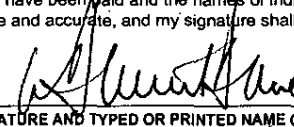
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent:  REGISTERED AGENT MUST SIGN Date: FEB 27 / 03

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	Dane, William Daniel	Chateau de Vielle Foret 18170 Le Chatelet en Berry	France

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:  W Daniel Dane 14th March 2003 813-258-5793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)