
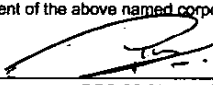
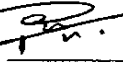


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P98000105671</u>			
1. Corporation Name P98000105671 JESICO TRADING USA INC			
2. Principal Office Address 5564 INTERNATIONAL DR Suite, Apt. #, etc.		3. Mailing Office Address 7203 LAKEMARSHA DR Suite, Apt. #, etc.	
City & State ORLANDO, FLORIDA		City & State ORLANDO, FLORIDA	
Zip 32819	Country ORANGE	Zip 32819	Country ORANGE
4. Date Incorporated or Qualified To Do Business in Florida 12/18/1998		5. FEI Number 522141160	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name PERCY FONSEKA			
Street Address (P.O. Box Number is Not Acceptable) 7203 LAKEMARSHA DR			
Suite, Apt. #, Etc.			
City ORLANDO		State FL	Zip Code 32819
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 		Date <u>04/10/05</u>	
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
P	PERCY FONSEKA	7203 LAKEMARSHA DR	ORLANDO FL 32819
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:  PERCY FONSEKA		Date 04/10/05	Daytime Phone # 407 354 1539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

05 APR 11 AM 8:46
DATE
FILED
FLORIDA

REINSTATEMENT 00-05

600052139666
04/26/05--01060--005 **8.75

600052139666
04/26/05--01060--006 **1500.00

CR2E081 (01/05)