

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 OCT 20 PM 3:16

DOCUMENT # P99000017066

1. Corporation Name
 URSUS USA CORPORATION

Principal Place of Business Mailing Address
 13615 S DIXIE HWY #114-529 13615 S DIXIE HWY #114-529
 MIAMI FL 33176 MIAMI FL 33176



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/22/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0908913	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRESIDENT	ANDREAS POSCHL	13615 S. DIXIE HWY # 114-529 MIAMI FL 33176	MIAMI, FL 33176
		02/26/00 90081 026	158-75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
POSCHL, ANDREAS 13615 S DIXIE HWY #114-529 MIAMI FL 33176		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: **SIGNATURE REQUIRED** Date: 10/18/00
 REGISTERED AGENT MUST SIGN

11. 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: **SIGNATURE REQUIRED** Date: 10/18/00 Daytime Phone #: 305-962-9028
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)

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URSUS USA CORPORATION

13615 S. DIXIE HWY. #114-529
MIAMI, FLORIDA 33176

OCTOBER 18, 2000

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

Dear Sirs,

Today I received a package from the Department of State of Florida stating that URSUS USA CORPORATION has been administratively dissolved or revoked effective September 22, 2000. Check # 0098 for \$158.75 dated 2/18/00 was sent to the Department of State to pay for the annual report. I was sent a letter back with corrections that needed to be made on the report in March of 2000. I sent the correction back to the Department of State that same month. I would like to know what needs to be done to re-instate the corporation. If you have any questions please call me at 305-962-9028. Thank you for your time and help.

Sincerely,



Andreas Poschl