

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jeffrey Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 26 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000020192

1. Corporation Name

TRANSINVERSIONES U.S.A., INC.

2. Principal Office Address

7220 NW 36 ST

Suite, Apt. #, etc.

621

City & State

MIAMI, FLORIDA

Zip

33166

Country

DADE

3. Mailing Office Address

7220 NW 36 ST

Suite, Apt. #, etc.

621

City & State

MIAMI, FLORIDA

Zip

33166

Country

DAD.

4. Date Incorporated or Qualified
To Do Business in Florida

03-03-99

5. FEI Number

05-0906971

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

HECTOR MAURICIO ACOSTA URIBE

Street Address (P.O. Box Number is Not Acceptable)

7220 NW 36 ST

Suite, Apt. #, Etc.

621

City

MIAMI

State

FL

Zip Code

33166

000003796870-8

-03/05/01--01012--009

*****300.00 *****300.00

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

02-23-01

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
PD	HECTOR M. ACOSTA URIBE	7220 NW 36 ST STE 621	MIAMI, FL 33166
VD	LETICIA CARVAJAL GUINGUE	7220 NW 36 ST STE 621	MIAMI, FL 33166
STD	JUAN CARLOS CARVAJAL	7220 NW 36 ST STE 621	MIAMI, FL 33166

LS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HECTOR M ACOSTA U

Date

Daytime Phone #

02-23-01 (305) 468-1510

CR2E081 (9/00)

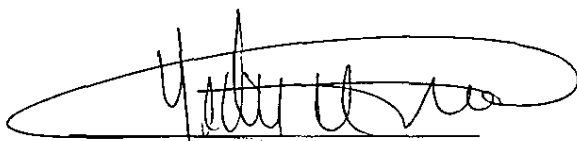
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Division of Corporations

P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Divisions Of Corporations, I am attaching a check in the amount of \$300.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division Of Corporations in respect with my corporation **TRANSINVERSIONES U.S.A., INC.** Thank you for your courtesy in this matter.



Hector M. Acosta Uribe
President