


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 AUG 11 AM 8:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000037133**

1. Corporation Name

**Plantation (USA), Inc.**

**100134334601**  
08/11/08--01057--013 \*\*1050.00

<b>2. Principal Office Address - No P.O. Box #</b> <b>1000 Brickell Avenue</b> Suite, Apt. #, etc. <b>Suite # 215</b> City & State <b>Miami, FL</b> Zip <b>33131</b> Country <b>USA</b>	<b>3. Mailing Office Address</b> <b>1000 Brickell Avenue</b> Suite, Apt. #, etc. <b>Suite # 215</b> City & State <b>Miami, FL</b> Zip <b>33131</b> Country <b>USA</b>
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**REINSTATEMENT 06-08**

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. FEI Number</b> <b>65-0919212</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee required for a Certificate of Status</b>

**7. Name and Address of Current Registered Agent**

**CORPORATE MAINTENANCE SERVICES LLC**  
Street  
**1000 BRICKELL AVENUE**  
Suite, Apt. #, etc.  
**Suite # 215**  
City  
**Miami** State  
**FL** Zip Code  
**33131**

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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 **6/12/08**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Luis Carlos Assola	1000 Brickell Ave #215	Miami, FL 33131
VP	Eduardo Assola	1000 Brickell Ave #215	Miami, FL 33131

**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 contained in Chapter 119, 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDUARDO ASSOLA**

Date

**6/12/08**

Daytime Phone #

**305 3743800**