

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 17 PM 2:32

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # S21367

1. Corporation Name

FITTIPALDI USA, INC.

2. Principal Office Address

123 SE 3RD AVE.

Suite, Apt. #, etc.

#352

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Office Address

123 SE 3RD AVE.

Suite, Apt. #, etc.

#352

City & State

MIAMI, FL

Zip

33131

Country

USA

REINSTATEMENT

03-06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

88-0203568

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

MORRISON, BROWN, ARGIZ & FARRA C/O K. BAKHAI

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

1001 BRICKELL BAY DRIVE, 9TH FLOOR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

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

K. Bakhai

Date

7/14/2006

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	EMERSON FITTIPALDI	123 SE 3RD AVE, #352	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:

E. Fittipaldi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/14/06

Date

305-373-5500

Daytime Phone #

B. Mitchell JUL 21 2006

2 of 2

MORRISON, BROWN, ARGIZ & FARRA, LLP
Certified Public Accountants

July 14, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Fittipaldi U.S.A., Inc.
FEIN: 88-0203568
Document: s21367

To Whom It May Concern:

Please waive the reinstatement fees for the above mentioned Company. This letter is to confirm that the Company did not receive the annual report notices in the year of resolution/revocation. The Registered Agent's address and name have been changed as well as the addresses of both officers as for that reason we have not been receiving your correspondence.

Attached please find the Corporation Reinstatement Form and a check in the amount of \$608.75 (\$150 for each year dissolved + \$8.75 fee for a Certificate of Status).

Sincerely,



KASHYAP BAKHAI, CPA
Registered Agent