

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
97 MAR 20 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S81596

1. Corporation Name

Novagest USA, Inc.

Mailing Address

Principal Place of Business

100 S.E. 4th Street
Miami, Florida 33131

REINSTATEMENT 96-97

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

September 20, 1991

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. FEI Number

65-0305149

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Gregorio de Diego	Calle Jose Abascal 58-6	Madrid, Espana 28003
VP/T AS	Jose Luis Gonzalez	100 S.E. 4th Street	Miami, Florida 33131
S	Juan T. O'Naghten	2665 South Bayshore Dr. Suite 1100	Miami, Florida 33133
			600002123396-4 -03/25/97-01047-009 ***915.00 ***915.00
			JB 3-21-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Juan T. O'Naghten
2665 South Bayshore Dr., Suite 1100
Miami, Florida 33133

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

[Handwritten Signature]

JOSE LUIS GONZALEZ

03/18/97 305.3745100

CPRE040 (6-94)