PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

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

00 JUN -8 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # V16623

REINSTATEMENT 99-00

1. Corporation Name

ALO-USA, Inc.

2. Principal Office Address	3. Mailing Office Address
150 Alhambra Circle	c/o Armando Lacasa
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 1240	701 Brickell Ave., #1900
City & State	City & State
Coral Gables, FL	Miami, FL
Zip: 33134 Country: USA	Zip: 33131 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/25/1992

5. FEI Number: 65-0396344 ☐ 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: Tusi C. Bruce

Street Address (P.O. Box Number is Not Acceptable): 11350 S.W. 117 Terrace

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33176

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: Tusi C. Bruce
REGISTERED AGENT MUST SIGN

Date: 5/31/2000

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	Tusi C. Bruce	11350 S.W. 117 Terrace	Miami, FL
S,D	Genaro Delgado Parker	891 Harbour Drive	Key Biscayne, Fla. 33149
T,D	Jose Garcia Conde	601 Brickell Key, #100	Miami, FL 33131

6/6/9

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: Tusi C. Bruce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/2000 (305) 361-1191
Date / Daytime Phone #

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CR2E081 (6/98)