

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 26 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V32983

1. Corporation Name

ADENATNO - USA, INCORPORATED

Principal Place of Business

Mailing Address

8801 NW 15 ST.
MIAMI FL 33172

8801 NW 15 ST.
MIAMI FL 33172

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

REINSTATEMENT *96*

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/01/1992	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0530100	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	ONTANEDA, RAMIRO	AVE. JUAN TANCA MARENGO KM. 4 1/	QUAYAQUIL, ECUADOR
VP	ONTANEDA, MARCO ANTONIO	AVE. JUAN TANCA MARENGO KM. 4 1/	QUAYAQUIL, ECUADOR
S	ONTANEDA, PAULINA	AVE. JUAN TANCA MARENGO	QUAYAQUIL, ECUADOR
T	FERAUD, HORACIO	1201 MANATI AVE.	CORAL GABLES FL 33148
			<i>[Signature]</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
THOMPSON, ENRIQUE 1275 NW 120TH ST. MIAMI FL 33187		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		200002016522-9 -12/02/96-01005-006 MIAMI 375-00 FL 33135	

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: *X E.A. Thompson* **SIGNATURE REQUIRED** Date: *11-1-96*
REGISTERED AGENT MUST SIGN

11. 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.)

12. 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)(b), 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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
(305) 448-5792 Date: *11-21-96*