PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

01 JAN -2 AM 10:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # V41202

1. Corporation Name
CORNERSTONE HOLOINGS U.S.A. INC.

REINSTATEMENT 0001

2. Principal Office Address	3. Mailing Office Address
3300 N. PORT ROYALE	P.O. Box 50445
Suite, Apt. #, etc. DR. Suite 202	Suite, Apt. #, etc.
City & State FORT LAUDERDALE	City & State LIGHTHOUSE POINT
Zip FL 33308 Country BROWARD	Zip FL 33074-0445 Country BROWARD

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0343557 — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee — State: FL — Zip Code: 32301

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: Sylvia M White — Date: 12/26/00

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
PRESIDENT	SAM SAAD	3300 N. PORT ROYALE DR. SUITE 202	FORT LAUDERDALE FL 33308
			900003532509--2 -01/11/01--01035--007 ****900.00 ****900.00
			900003532509--2 -01/11/01--01035--008 ******8.75 ******8.75

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.

351-2220

SIGNATURE: SAM SAAD 12.26.2000 (954) 351-2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DEC. 26. 2000 12:14PM CORP SERVICES CO NO. 0190