

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

01 JUN 26 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000004144

1. Corporation Name

FAMILIA USA INC.

2. Principal Office Address

CORP DIRECT AGENTS

Suite, Apt. #, etc.

103 N. MERIDIAN STREET

City & State

TALLAHASSEE, FL

Zip 32301

Country

3. Mailing Office Address

584 COLUMBUS AV.

Suite, Apt. #, etc.

City & State

THORNWOOD, NY

Zip

10594

Country

WESTCHESTER

REINSTATEMENT

00-01

4. Date Incorporated or Qualified To Do Business in Florida

08/09/99

5. FEI Number

06-1500091

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Additional fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name

CorpDirect Agents

100004461081--8

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

103 N. Meridian Street

07/06/01--01014--028

****297.50 ****297.50

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 807.0505 or 617.0503, F.S.

Signature of Registered Agent

Pam Wolfe

Date

6-24-01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Emilio Diaz-Torre, James Larson, and Juan Sabadell.

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 807 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 807.0401 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)(l), 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:

JUAN SABADELL

06/14/01

(914) 773-1368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CREATED (6/30)