
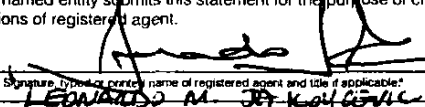



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000051736 1. Entity Name DAICRI USA CORP.					
Principal Place of Business 527 EAST 9TH ST 8 HIALEAH, FL 33010			Mailing Address 527 EAST 9TH ST 8 HIALEAH, FL 33010		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		10052005 REIN-P CR2E098 (6/04)	
4. FEI Number 65-1107189				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAKOVCEVIC, LEONARDO M 4478 S.W. 10 ST MIAMI, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature (Typed or printed name of registered agent and title if applicable)</small> LEONARDO M. JAKOVCEVIC </div> <div style="width: 30%; text-align: center;"> DIRECTOR </div> <div style="width: 30%; text-align: right;"> 10/05/05 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAKOVCEVIC, LEONARDO M 527 E. 9TH ST. SUITE #8 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900060353169 10/07/05--01038--022 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> LEONARDO M. JAKOVCEVIC / DIRECTOR					

FILED
 05 OCT -7 PM 4:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



October 5, 2005

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32414

Re: Daicri USA Corp.
P01000051736

Dear Sir or Madame:


As per your recommendation after our conversation yesterday, I, Rosie Chamberlain, accountant for Daicri, I am writing to you because my client is from Argentina and his company is a small business, so small that he comes to me once a year for the accounting and bank reconciliations and only when he has a consultation. He is most of the year out of town, he never received the first notification to renew on May 1st and when he came back from a long trip on September 30, 2005 he found the notice of intent to dissolve his company.

I would like to ask whoever is in charge of the department of reinstatement to please reinstate this corporation and to please wave the penalties, my client was unfortunately not well informed and because of the changes that your department has of only sending the little card that in many cases gets lost (like in this case) my client is being penalize. Please honor my request, like a mentioned before this small business almost run thru Argentina, he is traveling most of the time and it was out of his hands because of the post office and then he was out of town for a lapse of 3 months that it is when the notice of intent to dissolve arrived and he couldn't react on time.

If you should have any questions please contact me at 786-306-8485 my personal mobile.

Thank you in advance for your assistance in this matter and for helping my client that believes in our great country and has opened a business in Miami and hopes to grow and develop. **ORIGINAL OF REINTATEMENT FORM AND CHECK FOR \$150.00 IS ATTACHED.**

Yours sincerely.


Rosie Chamberlain
Accountant