

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000052035

FILED  
Oct 27, 2008  
Secretary of State

Entity Name: SYNTHETIC SOLUTIONS GROUP LATIN AMERICA, INC.

**Current Principal Place of Business:**

434 OLD CONNECTICUT PATH, UNIT 3A  
FRAMINGHAM, MA 01701

**New Principal Place of Business:**

**Current Mailing Address:**

434 OLD CONNECTICUT PATH, UNIT 3A  
FRAMINGHAM, MA 01701

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES FOSTER SERVICE, LLC  
505 S FLAGLER DR  
STE 1100  
W PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: SCOTT L. MCMULLEN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: MILLER, PAUL E  
Address: 111 SPEEN ST - STE 311  
City-St-Zip: FRAMINGHAM, MA 01701

Title: VPD ( ) Delete  
Name: CABIANCA, HENRI  
Address: KM9, ZONA INDUSTRIAL-HOYA DE LAS TAPIAS  
City-St-Zip: GALPON K-3,CARACUS,VENEZUELA, XX

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: MILLER, PAUL E  
Address: 434 OLD CONNECTICUT PATH, UNIT 3A  
City-St-Zip: FRAMINGHAM, MA 01701

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL E. MILLER

Electronic Signature of Signing Officer or Director

PTD

10/27/2008

Date