2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000121084

Entity Name: ADM INTERNATIONAL BUSINESS, CORPORATION

FILED Aug 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

42 NW 27TH AVENUE 3650 NW 82ND AVE

SUITE 4023 # 404

MIAMI, FL 33125 DORAL, FL 33166

Current Mailing Address: New Mailing Address:

42 NW 27TH AVENUE 3650 NW 82ND AVE

SUITE 4023 # 404

MIAMI, FL 33125 DORAL, FL 33166 US

FEI Number: 26-1380344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DE LIMA, JOAO A.T.PLUS OF MIAMI., INC. 42 NW 27TH AVENUE 3650 NW 82ND AVE **SUITE 4023** # 404

MIAMI, FL 33125 US DORAL, FL 33166 US

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: A.T.PLUS OF MIAMI., INC. 08/24/2009

> 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: () Delete DIAS, ANA PAULA Name:

42 NW 27TH AVENUE APTO 402 Address:

City-St-Zip: MIAMI, FL 33125

Title: (X) Delete Name:

DE LIMA, JOAO 42 NW 27TH AVENUE APTO 402 Address:

MIAMI, FL 33125 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition DIAS MARQUES, ANA PAULA Name: Address: 3650 NW 82ND AVE - # 404

City-St-Zip: DORAL, FL 33166

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: ANA PAULA DIAS MARQUES PD 08/24/2009