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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAY 17 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04
MRD

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000005902

1. Corporation Name
Votorantim Cimentos North America, Inc.

2. Principal Office Address	3. Mailing Office Address
5117 US Highway 27	5117 US Highway 27
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Branford, Florida	City & State: Branford, Florida
Zip: 32008 Country:	Zip: 32008 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 11/26/02

5. FEI Number: ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

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: Connie Bryan Special Assistant Secretary Date: 5/17/04
REGISTERED AGENT MUST SIGN

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
CPD	Claude Grinfeder	5117 US Highway 27	Branford, Florida 32008
DV	Luis Vilar De Carvalho	5117 US Highway 27	Branford, Florida 32008
D	Marcelo Martins	5117 US Highway 27	Branford, Florida 32008

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.

SIGNATURE: Claude Grinfeder, President 05/17/04 386 935 5007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E051 (01/04)

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

VOTORANTIM CIMENTOS NORTH AMERICA, INC.

Certificate of Status	1
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