

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 13 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



10122004 REIN-P CR2E098 (6/04)

4. FEI Number **59-3364923** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PASSOS, VALDEMIR
5611 VIA DE LA PLATA CIRCLE
DELRAY BEACH, FL 33484-6442

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, 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

TITLE	DP	☐ Delete
NAME	FRANGIONI, SERGIO	
STREET ADDRESS	16404 VIA VENETIA WEST	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	T	☐ Delete
NAME	LORENZO, SANDRA	
STREET ADDRESS	RUA LUCIA, 2	
CITY-ST-ZIP	COTIA, SP, BRAZIL, 06700000	
TITLE	VPS	☐ Delete
NAME	PASSOS, VALDEMIR	
STREET ADDRESS	5611 VIA DE LA PLATA CIR	
CITY-ST-ZIP	DELRAY BEACH, FL 334846442	
TITLE	VP	☐ Delete
NAME	LORENZO, RONALDO	
STREET ADDRESS	RUA LUCIA, 2	
CITY-ST-ZIP	COTIA, SP, BRAZIL, 06700000	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Valdemir Correa Passos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/04 (561) 862-0004
Date Daytime Phone #