

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000033256

Entity Name: BREX AMERICA, LLC

FILED
Oct 19, 2006
Secretary of State

Current Principal Place of Business:

3400 N.W. 114TH AVE.
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

3400 N.W. 114TH AVE.
MIAMI, FL 33178

New Mailing Address:

FEI Number: 20-0198644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TELLEZ, TANIA D
3400 NW 114 AVE
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

SILVANA, KORIK
3400 NW 114 AVE
MIAMI, FL 33178 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: SILVANA KORIK

10/19/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROBERTO GIANNETTI FA, FONSECA
Address: 3400 N.W. 114TH AVE.
City-St-Zip: MIAMI, FL 33178

Title: MGR () Delete
Name: SANTOS DE ARAUJO FAG, UNDES
Address: 3400 N.W. 114TH AVE.
City-St-Zip: MIAMI, FL 33178

Title: MGR () Delete
Name: WERNER BATISTA,
Address: 3400 N.W. 114TH AVE.
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SILVANA KORIK

CONT

10/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date