

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000067118

Entity Name: CDC USA, LLC

FILED  
Oct 21, 2005  
Secretary of State

## Current Principal Place of Business:

8180 NW 36 STREET  
SUITE 100  
MIAMI, FL 33166 US

## New Principal Place of Business:

8180 NW 36 STREET  
STE 100  
MIAMI, FL 33166 US

## Current Mailing Address:

8180 NW 36 STREET  
SUITE 100  
MIAMI, FL 33166 US

## New Mailing Address:

8180 NW 36 STREET  
STE 100  
MIAMI, FL 33166 US

FEI Number: 59-3788585      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

ROBLEDO, ANTHONY  
8180 NW 36 STREET  
SUITE 100  
MIAMI, FL 33166 US

## Name and Address of New Registered Agent:

ROBLEDO, ANTHONY  
8180 NW 36 STREET  
STE 100  
MIAMI, 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: ANTHONY ROBLEDO

10/21/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CONDE, ALEXANDRE M  
Address: 8180 NW 36 STREET, SUITE 100  
City-St-Zip: MIAMI, FL 33166 US

Title: MGRM ( ) Delete  
Name: HIRSCH, MARCELO D  
Address: 8180 NW 36 STREET, SUITE 100  
City-St-Zip: MIAMI, FL 33166 US

Title: MGRM ( ) Delete  
Name: NARDES, ADOLAR  
Address: 8180 NW 36 STREET, SUITE 100  
City-St-Zip: MIAMI, FL 33166 US

## 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 Section 119.07(3)(i), 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: MARCELO D. HIRSCH

MGRM

10/21/2005

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