

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000074856

Entity Name: CIMCORP USA LLC

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8215 N.W. 64TH STREET, UNIT 5  
MIAMI, FL 331662767

**New Principal Place of Business:**

**Current Mailing Address:**

8215 N.W. 64TH STREET, UNIT 5  
MIAMI, FL 331662767

**New Mailing Address:**

FEI Number: 20-1864707      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:**

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

FONTE, HAMILTON  
8215 N.W. 64TH STREET, UNIT 5  
MIAMI, FL 331662767 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: HAMILTON FONTE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CIMCORP COMERCIO INT. E INFORMATICA SA  
Address: 8215 N.W. 64TH STREET, UNIT 5  
City-St-Zip: MIAMI, FL 331662767

Title: MGRM  
Name: SALES FONTE, ANTONIO JOSE  
Address: 8215 N.W. 64TH STREET, UNIT 5  
City-St-Zip: MIAMI, FL 331662767

Title: MGRM  
Name: FONTE, HAMILTON  
Address: 8215 N.W. 64TH STREET, UNIT 5  
City-St-Zip: MIAMI, FL 331662767

I hereby 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: HAMILTON FONTE

MGRM

04/29/2010

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