2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000083486

Entity Name: TCP DISTRIBUTORS LLC.

Current Principal Place of Business:	**New Principal Place of Business:**
8283 NW 64TH STREET 2 MIAMI, FL 33166 US	8450 NW 68TH STREET 4 MIAMI, FL 33166 US

Current Mailing Address:	**New Mailing Address:**
8283 NW 64TH STREET 2 MIAMI, FL 33166 US	8450 NW 68TH STREET 4 MIAMI, FL 33166 US

FEI Number: 55-0903432   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )
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:**
COSTA, PEDRO H 11467 NW 50TH TERRACE 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: PEDRO COSTA
_____
                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title: ( ) Change ( ) Addition
Name:	SOUZA PRACA, ANTONIO A	Name:
Address:	RUA MARIA ANGELICA 146 APT 804	Address:
City-St-Zip:	RIO DE JANEIRO BRAZIL, BR 22470-202 BR	City-St-Zip:

Title:	SEC ( ) Delete	Title: ( ) Change ( ) Addition
Name:	COSTA, PEDRO H	Name:
Address:	11467 NW 50TH TERRACE	Address:
City-St-Zip:	MIAMI, FL 33178 US	City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PEDRO COSTA   SEC   03/26/2009
_____
         Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date