PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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14 SEP -8 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L09000087941

1. Limited Liability Company's Name
MAGNETAR-RENT AND TRADE COMPANY, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
555 Winderlay Place	Rua Frederico Von Martius, 342
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Vila Monumento
City & State: Maitland, FL	City & State: Sao Paulo, SP
Zip: 32751 Country: USA	Zip: 01548-010 Country: BR

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 09/11/2009

6. FEI Number: 421769250 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Drive

Suite, Apt. #, Etc: Suite A

City: Tallahassee State: FL Zip Code: 32301

000264123950

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Gayle Windle Date: 09/08/2014

REGISTERED AGENT MUST SIGN Gayle Windle, Asst. Secretary

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
P	Gilberto Koza	Rua Frederico Von Martius, 342	Sao Paulo, SP 01548-010 BR
VP	Luiz Antonio Spreafico	Rua Frederico Von Martius, 342	Sao Paulo, SP 01548-010 BR

REINSTATEMENT 2014

11. E-mail Address: jdecker@bakerlaw.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Date: 09/08/2014 Daytime Phone #: +5511 2157-5437

Typed or printed name of signing Authorized Representative/Manager: Rodrigo Morelli Pereira, LWR

SEP 8 2014

M. WILLIAMS

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 9/8/14

NAME: MAGNETAR-RENT AND TRADE COMPANY, LLC

TYPE OF FILING: **REINSTATEMENT**

COST: **125.00**

RETURN: **PLAIN COPY PLEASE**

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ACCOUNT: **FCA000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE**