PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 APR 28 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000097028

1. Limited Liability Company's Name
Brazil Opportunity Group LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
629 NE 92nd St.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
apt 8B	Same
City & State	City & State
Miami Shores, Fl	Same
Zip / Country	Zip / Country
33138 / USA	Same / Same

4. State/Country of Formation
Fl / USA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number ~~[illegible]~~ ☐ 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
Raul Rocha
Street Address (P.O. Box Number is Not Acceptable)
629 NE 92nd St.
Suite, Apt. #, Etc.
apt 8B
City | State | Zip Code
Miami Shores, Fl | FL | 33138

900270751019
04/28/15--01032--018 **555.00
900270751019
05/17/15--01036--002 **238.75
W15-24907

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 _____ Date 03-06-2015
REGISTERED AGENT MUST SIGN

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
	Raul Rocha	629 NE 92nd St. apt 8B	Miami Shores, Fl 33138

REINSTATEMENT
2011-2015
793.75 Amount Paid

S. HAWKES
APR 10 A.M.
EXAMINER

11. E-mail Address: fanacorp13@gmail.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 03-06-2015 Daytime Phone # (786) 262-0056

Typed or printed Name of signing Authorized Representative/Manager Fabio Mattos