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LIMITED LIABILITY REINSTATEMENT

DATERRA & BRUZZI LLC

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000002838

1. Limited Liability Company's Name
DATERRA & BRUZZI, LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
801 Brickell Avenue	3801 NE 207th Street
Suite, Apt. #, etc.: 9th Floor	Suite, Apt. #, etc.: 1104
City & State: Miami, Florida	City & State: Aventura, Florida
Zip: 33131 Country: USA	Zip: 33180 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: May 2, 2003

6. FEI Number: 010791476 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: TRANSGLOGAL CORPORATE ADMINISTRATION, LLC

Street Address (P.O. Box Number is Not Acceptable): 520 Brickell Key Drive

Suite, Apt. #, Etc.: O-305

City: Miami State: FL Zip Code: 33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] President, TCA. Date:
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Luis N. Pascoal	Av. Coronel Silva Telles #276	Sao Paulo, Brazil
MGR	Miguel G. Pascoal	Rua Dr. Guilherme Da Silva #520	Sao Paulo, Brazil
MGR	Paulo S. Pascoal	Condominium Village Sans Souci #45	Sao Paulo, Brazil
MGR	Walter Pascoal	Alameda Dos Ibiscos #27	Sao Paulo, Brazil
MGR	Jose L. Molina	Rua Ipe Roxo #51	Sao Paulo, Brazil
MGR	Isabela Pascoal	3801 NE 207 St. #1104	Aventura, Fl 33180

11. I certify that I am managing member/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 608.1406, 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.

Signature of Managing Member/Manager: [signature] Date: Daytime Phone #: (305) 374-3800

Typed or printed name of signing Managing Member/Manager: Sidney Menezes, Authorized Representative