

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# M49346

**FILED**  
**Oct 02, 2010**  
**Secretary of State**

**Entity Name:** TERRAFORMA COMPANY

**Current Principal Place of Business:**

9055 SW 56TH CT  
CORAL GABLES, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

9055 SW 56TH CT  
CORAL GABLES, FL 33156 US

**New Mailing Address:**

**FEI Number:** 65-0010183

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DEL RIO, FRED A G  
310 UNIVERSITY DR.  
MIAMI, FL 33134 US

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

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:** FRED A DEL RIO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** DEL RIO, CHIAVACCI O  
**Address:** 9055 S.W. 56TH COURT  
**City-St-Zip:** CORAL GABLES, FL 33156

**Title:** SD  
**Name:** DEL RIO, FRED A  
**Address:** 310 UNIVERSITY DRIVE  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** OFELIA CHIAVACCI

PD

10/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date