2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000008544

FILED Nov 04, 2008 Secretary of State

Entity Name: CENTRAL FLORIDA BRAZILIAN-AMERICAN CHAMBER OF COMMERCE, INC.

Current Principal Place of Business: New Principal Place of Business:

7512 DR. PHILLIPS BLVD SUITE 150-354 ORLANDO, FL 32819

Current Mailing Address: New Mailing Address:

7512 DR. PHILLIPS BLVD SUITE 150-354 ORLANDO, FL 32819

FEI Number: 59-3694145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SILVA, MARCIO SILVA, MARCIO

2205 MOUNTLEIGH TRAIL 8421 S. ORANGE BLOSSOM TRAIL

ORLANDO, FL 32824 US SUITE 203 ORLANDO, FL 32809 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: MARCIO SILVA 11/04/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: T ()Delete Title: VP (X)Change ()Addition

Name: SILVA, MARCIO Name: SILVA, MARCIO
Address: 2205 MOUNTLEIGH TRAIL Address: 8421 S. ORANGE BLOSSOM TRAIL SUITE 203

City-St-Zip: ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32809

Title: VP () Delete Title: P (X) Change () Addition Name: DE LATORRE, WILLIAM Name: AMBAR, RONALD

Address: 6400 CARRIER DRIVE Address: 5736 INTERNATIONAL DRIVE
City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819

Title: P () Delete Title: T (X) Change () Addition
Name: ALMEIDA, ROSANA Name: JOHNSON, KYLE

Address: 8113 BREEZE COVE LN Address: 8421 S. ORANGE BLOSSOM TRAIL # 267

City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32809

Title: S () Delete Title: S (X) Change () Addition

Name: IZZO, ERIKA Name: VALADARES, MARCIA

Address: 2699 N FORSYTH RD #117 Address: 8421 S. ORANGE BLOSSOM TRAIL # 267

City-St-Zip: ORLANDO, FL 32807 City-St-Zip: ORLANDO, FL 32809

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIO SILVA VP 11/04/2008