2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE AND TYPED OR PRIME

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # N04000009952 1. Entity Name COMUNIDADE BRASILEIRA RESGATE, INC. 05 DEC 16 AM 8: 55 Principal Place of Business Mailing Address 4678 CARAMBOLA CIRCLE N 4678 CARAMBOLA CIRCLE N COCONUT CREEK, FL 33066 COCONUT CREEK, FL 33066 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11172005 REIN-NP CR2E099 (6/04) <u>635 ม</u> 35<u>a Ni</u> City & State 4. FEI Number Applied For creek <u>oconut</u> Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 3073 JSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALPHA LEGAL SERVICES, CORPORATION 20513 CAROUSEL CIRCLE WEST Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33434 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of regis FILE NOW!!! FEE IS \$236.25 Make check payable to After January 1, 2006, Fee will be \$297.50 Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE **Delete** TITLE Valdir Ruiz Maters OLIVEIRA, JOSE R NAME NAME STREET ADDRESS 4678 CARAMBOLA CIRCLE N STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33066 CITY-ST-ZIP Deerfield Brach TITLE VΡ Delete TITLE ☐ Change ☐ Addition SANTOS, EDISON R NAME NAME STREET ADDRESS 4369 SW 10TH PLACE # 203 STREET ADDRESS the same DEERFIELD BEACH, FL 33442 CITY-ST-ZiP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME 13 NAME **×236.25 STREET ADDRESS STREET ADDRESS 16/05--01046-CITY-ST-ZIP CITY-ST-7IP-TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITLE Delete TATLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

OFFICER OR DIRECTOR

FILED