PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 15 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000072684

1. Corporation Name
CHURRASCARIA PORCAO, INC.

2. Principal Office Address		3. Mailing Office Address	
Av. das Americas 500		Av. das Americas 500	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Bloco 14, sl 103		Bloco 14, sl 103	
City & State		City & State	
Rio de Janeiro - RJ		Rio de Janeiro - RJ	
Zip	Country	Zip	Country
22640-102	BRAZIL	22640-102	BRAZIL

4. Date Incorporated or Qualified To Do Business in Florida: 07/31/2000

5. FEI Number: 65-1053701 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Carina Borges
REGISTERED AGENT MUST SIGN

Date: APR 15 2005

CR2E061 (01/06)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Mocellin, Valdir Jose	Av das Americas 500 Bloco 14 si 103	Rio de Janiero/RJ/22640-102
D	Mocellin, Neodi Luis	Av das Americas 500 Bloco 14 si 103	Rio de Janiero/RJ/22640-102
D	Mocellin, Aldomir	Av das Americas 500 Bloco 14 si 103	Rio de Janiero/RJ/22640-102
D	Mocellin, Darci Roque	Av das Americas 500 Bloco 14 si 103	Rio de Janiero/RJ/22640-102
D	Mocellin, Nedio Jose	Av das Americas 500 Bloco 14 si 103	Rio de Janiero/RJ/22640-102

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.02

M. Williams

Florida Department of State
Division of Corporations
Public Access System

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Thanks!
Jennifer

CORPORATION REINSTATEMENT

CHURRASCARIA PORCAO, INC.

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