

**2005 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 07, 2005  
Secretary of State**

DOCUMENT# P01000071201

Entity Name: STEGARCIA US, INC.

**Current Principal Place of Business:**

2316 BLACK HAMMOCK F.C. ROAD  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

2316 BLACK HAMMOCK F.C. ROAD  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 59-3738210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OLIVER, RUVELL  
2316 BLACK HAMMOCK FC RD  
OVIEDO, FL 32765 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: OLIVER RUVELL

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RUVELL, OLIVER  
Address: 2975 GRANDEVILLE CIR, APT 305  
City-St-Zip: OVIEDO, FL 32765

Title: S ( ) Delete  
Name: RUVELL, ANNIE  
Address: 904 FAIRWAY DR  
City-St-Zip: WINTER PARK, FL 32792

Title: T ( ) Delete  
Name: RUVELL, ROGER  
Address: 904 FAIRWAY DR  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: OLIVER RUVELL

P

10/07/2005

Electronic Signature of Signing Officer or Director

Date