

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000129259

FILED
Sep 29, 2009
Secretary of State

Entity Name: MADE IN BRAZIL INSURANCE AND SERVICE AGENCY, INC.

Current Principal Place of Business:

2301 FOWLER ST. SUITE #3
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7083
FORT MYERS, FL 339117083

New Mailing Address:

FEI Number: 20-3501990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CALADAS-LOPES, MARIA M
2808 9TH STREET SW
LEHIGH ACRES, FL 33976 US

Name and Address of New Registered Agent:

CALADAS-LOPES, MARIA M
1861 BRAMAN AVENUE
FORT MYERS, FL 33901 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: MARIA M. CALDAS-LOPES

09/29/2009

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: PDT () Delete
Name: CALDAS-LOPES, MARIA M
Address: 2808 9TH STREET SW
City-St-Zip: LEHIGH ACRES, FL 33976

Title: VPD () Delete
Name: LOPES, ROBSON P
Address: 2808 9TH STREET SW
City-St-Zip: LEHIGH ACRES, FL 33976

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: CALDAS-LOPES, MARIA M
Address: 1861 BRAMAN AVENUE
City-St-Zip: FORT MYERS, FL 33901 US

Title: VPD (X) Change () Addition
Name: LOPES, ROBSON P
Address: 1861 BRAMAN AVENUE
City-St-Zip: FORT MYERS, FL 33901

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

SIGNATURE: MARIA M. CALDAS-LOPES

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09/29/2009

Electronic Signature of Signing Officer or Director

Date