## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000037435

City-St-Zip:

KISSIMMEE, FL 34747 US

FILED Nov 17, 2009 Secretary of State

Entity Nai	me: PROMO	DO U.S.A. INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
8810 COMMODITY CIRCLE					
36 ORLANDO	D, FL 32819	US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
8810 COMMODITY CIRCLE					
36 ORLANDO	D, FL 32819	US			
FEI Number:	: 26-2202750	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
JOHNSON, KERRY L MISS 921 BEGONIA RD 303 KISSIMMEE, FL 34747 US				JOHNSON, KERRY L MISS 7406 OCONEE STREET KISSIMMEE, FL 34747 US	
	named entity e of Florida.	submits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: KERRY JOHNSON				11/17/2009	
	Electro	nic Signature of Registered Ager	nt	Date	
		93(2)(b), F.S., the corporation did not ng Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	JOHNSON, CA	THERING DRIVE	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CARL, JOHNS	THERING DRIVE	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address:	VP/D ( HAYES, KEVIN #203 7593 GA		Title: ( Name: Address:	) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: CARL JOHNSON MR 11/17/2009