

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000049921

Entity Name: CLP USA, INC.

**FILED**  
**Oct 31, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

14821 SW 87 AVE  
MIAMI, FL 33176

**New Principal Place of Business:**

7060 NW 50 STREET  
MIAMI, FL 33166

**Current Mailing Address:**

14821 SW 87 AVE  
MIAMI, FL 33176

**New Mailing Address:**

7060 NW 50 STREET  
MIAMI, FL 33166

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

VIERA, GUSTAVO A  
14821 SW 87 AVE  
MIAMI, FL 33176 US

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

ZANARDI, MONICA  
7060 NW 50 STREET  
MIAMI, FL 33166 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: MONICA ZANARDI

10/31/2008

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: TOMEIO, NICOLAS  
Address: 14821 SW 87 AVE  
City-St-Zip: MIAMI, FL 33176

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: P (X) Change ( ) Addition  
Name: TOMEIO, NICOLAS  
Address: 7060 NW 50 STREET  
City-St-Zip: MIAMI, FL 33166

Title: S ( ) Change (X) Addition  
Name: ZANARDI, MONICA  
Address: 7060 NW 50 STREET  
City-St-Zip: MIAMI, FL 33166

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: MONICA ZANARDI

S

10/31/2008

Electronic Signature of Signing Officer or Director

Date