

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000091235

**FILED**  
**Nov 17, 2010**  
**Secretary of State**

**Entity Name:** FAUVE INTERTRADE CORPORATION USA

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134

**New Mailing Address:**

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

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC  
2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134 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: ANTONIO GARCIA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FIELDS, OSCAR C  
Address: 2530 MERIDIAN PARWAY  
City-St-Zip: DURHAM, NC 27713

Title: STD  
Name: GARCIA, ANTONIO  
Address: 2121 PONCE DE LEON BLVD SUITE 1050  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: ANTONIO GARCIA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

STD

11/17/2010

\_\_\_\_\_  
Date