

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -6 AM 11:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000017231

1. Corporation Name

Brasil Services Inc

2. Principal Office Address

3400 NW 114 Ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33178

Country

Dade

3. Mailing Office Address

3400 NW 114 Ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33178

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 4, 1994

5. FEI Number

65-0475854

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Tania Tellez

Street Address (P.O. Box Number is Not Acceptable)

3400 NW 114 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

[Signature]

Date

4-2-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Filho, Jonas BC	Rua Da Assembleia, #51 11th Floor	Rio de Janeiro, Brazil
DV	Fagundes, Santos A	Rua Da Assembleia #51 11th Floor	Rio de Janeiro, Brazil
DUTS	Pereira, Eduardo	3400 NW 114 Ave Miami, FL	Miami FL 33178

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-04

Date

305-436-9555

Daytime Phone #

CR2E031 (01-04)