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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
98 MAR -4 AM 11:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

◄ Read Instructions on Other Side Before Making Entries ►

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P94000027493

THE BRAZILIAN POST CORPORATION
25 S.E. 2 nd Ave
Suite 425
Miami, Fl. 33131

REINSTATEMENT 96 98 AD

2. If Address in Item 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address
25 S.E. 2nd Ave Ste 425

City and State Zip Code
Miami, Fl. 33131

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number		FEI Number Applied For	6. $8.75 Additional Fee required for a Certificate of Status
4-08-1994	64-0590384		FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED X

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

Title(s) 1	Name of Officers and or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State · Zip 4
DPS	CASTRO, ANTONIO C	1717 No. Bayshore DR # 1038	Miami , Fl. 33132
S	CASTRO, WALDIR DE A.	Rua Machado de Assis 74 #407	Rio de Janeiro, Brazil

100002449811--4
-03/09/98--01002--008
***1058.75 ***1058.75

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

ANTONIO C CASTRO

9. If changed, new registered agent office

Name
ANTONIO C. CASTRO

Street Address (Do NOT Use P.O. Box Number)
425

Street Address (Do NOT Use P.O. Box Number)
25 s.e. 2 Ave

City: Miami | State: FL. | Zip: 33131

10. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [signature] REGISTERED AGENT MUST SIGN Date 3-2-98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax)

13. 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 to the best of my knowledge 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., and all fees owed by the corporation have been paid. 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 of Officer or Director [signature] Date 3-2-98 Daytime Phone # 305-374-7042

ANTONIO C CASTRO, PRES.

Typed or printed name of signing officer or director