


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P95000071419</b> 1. Entity Name ITAPARICA CORPORATION	
---	---

FILED  
09 JUN 25 AM 4: 32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business ONE S.E. 3RD AVENUE SUITE 2250 MIAMI, FL 33131	Mailing Address ONE S.E. 3RD AVENUE SUITE 2250 MIAMI, FL 33131
---	---

2. Principal Place of Business - No P.O. Box # c/o Delta Bank / H. Lucena Suite, Apt. #, etc. 1221 Brickell Ave - 5th Floor City & State Miami, FL Zip 33131 Country USA	3. Mailing Address c/o Delta Bank / H. Lucena Suite, Apt. #, etc. 1221 Brickell Ave - 5th Floor City & State Miami, FL Zip 33131 Country USA
---	---



4. FEI Number 87-0779066	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AMKE REGISTERED AGENTS L.L.C. ONE S.E. 3RD AVENUE SUITE 2250 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Corporate Maintenance Service LLC Street Address (P.O. Box Number is Not Acceptable) 1000 Brickell Avenue, #215 City Miami FL 33131
--	--

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* Nicholas Stanham 5/5/09  
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARVALHO, ARMINDO RUA LOPES CARDOSA 26 SALVADOR, BRASIL, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paula Maria Carvalho c/o Delta Bank- H. Lucena 1221 Brickell Ave 6th Floor Miami FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARVALHO, ADELIA MARIA A RUA LOPES CARDOSA 26 SALVADOR, BRASIL, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Luiz Fabio Carvalho c/o Delta Bank/ H. Lucena 1221 Brickell Ave - 5th Floor MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000157767680 06/25/09--01004--013 **900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Paula Maria Carvalho 5/5/09. 305 349 1500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #