PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL 23 PM 3:19

REINSTATEMENT $900.00 Brings acct. current thru yr 2001

DOCUMENT # P96000004376

1. Corporation Name: NOVA GESTAO. CORP.

2. Principal Office Address		3. Mailing Office Address	
6032 CRYSTAL VIEW DRIVE		"SAME"	
Suite, Apt. #, etc.		Suite, Apt. #, etc. ✓	
City & State: ORLANDO, FLA		City & State ✓	
Zip: 32819	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 65-0675889 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: FRANCISO J. VILLEGAS

Street Address (P.O. Box Number is Not Acceptable): 1069 KENDALL DRIVE

Suite, Apt. #, Etc.: SUITE 311

City: MIAMI FLA — State: FL — Zip Code: 33176

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-07/26/01--01087--014
****900.00 ****900.00

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] REGISTERED AGENT MUST SIGN — Date 2/12/01

CR2E031 (9/00)

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
Dr.	PAULO SERGIO ROSA	6032 CRYSTAL VIEW DRIVE	ORLANDO, FL. 32819

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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/12/01

Daytime Phone #: 407-345 0081 / 407-467-9966