PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

2000UBE

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 APR 26 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500003242735--8
-05/08/00--01104--002
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000001645

1. Corporation Name

CONNECTION BRAZIL, CORP.

Principal Place of Business: 11045 S.W. 16th ST #104, Pembroke Pines, FL 33025

Mailing Address: 11045 SW 16th ST #104, Pembroke Pines, FL 33025

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable: 8362 Pines Blvd
Suite, Apt. #, etc.: PMB # 209
City & State: Pembroke Pines
Zip: 33024 Country: Broward

3. New Mailing Address, If Applicable: 8362 Pines Blvd
Suite, Apt. #, etc: PMB # 209
City & State: Pembroke Pines
Zip: 33024 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 22-3627285 Applied For / Not Applicable

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

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
P-D	Antonio Bezerra	600 Three Island #216B	Hallandale, FL, 33009
VP-D	Licia Melo	18880 NW 57 Ave #308	Miami, FL, 33015
S-D	Liciane Ayres	18850 NW 57 Ave #307	Miami, FL, 33015
T-D	Antonio Vianna Filho	18890 NW 57 Ave #207	Miami, FL, 33015
			LS

8. Name and Address of Current Registered Agent

ERNESTO HUERTAS
11045 SW 16th ST #104
Pembroke Pines, FL 33025

9. Name and Address of New Registered Agent

Name: Antonio Bezerra
Street Address (P.O. Box Number is Not Acceptable): 600 Three Island
Suite, Apt. #, Etc.: 216B
City: Hallandale State: FL Zip Code: 33009

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: X [signature] Date: 4/12/2000
REGISTERED AGENT MUST SIGN

11. 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.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that 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: X [signature] 4/12/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #