L00000003690

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY 22 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000003690

1. Limited Liability Company's Name
E-SHOPEX USA, LLC

2. Principal Office Address		3. Mailing Office Address	
200 EAST BROWARD BLVD		2120 NW 102ND PLACE	
Suite, Apt. #, etc. 15		Suite, Apt. #, etc. ----------	
City & State FORT LAUDERDALE		City & State MIAMI	
Zip 33301	Country USA	Zip 33172	Country USA

4. State/Country of Formation: FL/USA

5. Date Organized or Qualified To Do Business in Florida: 03/31/2000

6. FEI Number: 65-1007594 — Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: FRANCISCO CELEDON

Street Address (P.O. Box Number is Not Acceptable): 2100 NW 102ND PLACE

Suite, Apt. #, Etc. -------

City: MIAMI — State: FL — Zip Code: 33172

200019747482
05/22/03 01098 006 **155.00
200019747482
05/22/03 01098 007 **50.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent ______________ Date 05-16-03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DOMEYKO, DIEGO MR.	AVDA. LOS LEONES 573	PROVIDENCIA/SANTIAGO/CHILE
MGR	RAYMOND, ROGER MR.	HUERFANOS 1376, PISO B	SANTIAGO/CHILE

REINSTATEMENT 02-03 cus
dcc

11. I certify that I am managing [illegible] reinstatement [illegible] the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 Managing Member/Manager ______________ Date: 04/03/03 Daytime Phone# (562) 421 OT 87

Typed or printed name of signing Managing Member/Manager: DIEGO DOMEYKO