

L00000012462

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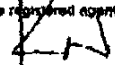
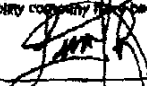
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
OCT 28 PM 5:25
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L00000012462			
1. Limited Liability Company's Name Prixcom, LLC			
2. Principal Office Address 7500 NW 25 Street Suite, Apt. #, etc. Suite 248-249 City & State Miami - Florida Zip 33122		3. Mailing Office Address SAME ADDRESS Suite, Apt. #, etc. City & State Zip Country USA	
		4. State/Country of Formation Florida - USA 5. Date Organized or Qualified To Do Business in Florida 12/04/2001 6. FEI Number 65-1048200	
		7. CERTIFICATE OF STATUS DESIRED ☐	

Handwritten initials: BK

8. Name and Address of Current Registered Agent Name Quick Accounting Solutions Corp Street Address (P.O. Box Number is Not Acceptable) 4815 NW 79 Ave Suite 1 Suite, Apt. #, Etc. City Miami		State FL	Zip Code 33166
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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  RICARDO NAVARRO - MANAGER REGISTERED AGENT MUST SIGN Date 10/24/2003			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Leandro Final	7500 NW 25 Street Suite 248-249	Miami - Florida 33122
MGR	Jesus Aranguren	7500 NW 25 Street Suite 248-249	Miami - Florida 33122
			200024213272
REINSTATEMENT 2003 <i>Handwritten: BK</i>			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application 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 disclosed 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  Leandro Final mgr Date 10/24/2003 Daytime Phone# 305 651 5000			
typed or printed name of signing Managing Member/Manager Leandro Final			



CORPORATION SERVICE COMPANY™

L00000012462

ACCOUNT NO. : 072100000032

REFERENCE : 297568 121767A

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 180.00

FILED
03 OCT 28 PM 5:25
STATE OF FLORIDA
TALLAHASSEE

ORDER DATE : October 28, 2003

ORDER TIME : 10:11 AM

ORDER NO. : 297568-005

CUSTOMER NO: 121767A

CUSTOMER: Linda Kerr
Karp & Genauer, P.A.
Suite 1202
2 Alhambra Plaza
Coral Gables, FL 33134

RECEIVED
03 OCT 28 PM 12:52
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: PRIXCOM, LLC

BN

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156
EXAMINER'S INITIALS _____