

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAY 24 AM 8:28

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000002261

1. Limited Liability Company's Name

SAUMANE (USA) INTERNATIONAL, LLC

2. Principal Office Address

18116 SW 29 St.

Suite, Apt. #, etc.

City & State

Miramar, Florida

Zip

33029

Country

USA

3. Mailing Office Address

18116 SW 29 St.

Suite, Apt. #, etc.

City & State

Miramar, Florida

Zip

33029

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

1/30/02

6. FEI Number

02-0622454

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

Richard J. Potash

Street Address (P.O. Box Number is Not Acceptable)

300 NW 82nd Ave

Suite, Apt. #, Etc.

Ste 415

City

Plantation

State

FL

Zip Code

33324

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

Richard J. Potash

REGISTERED AGENT MUST SIGN

Date

5/20/04

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
MGRM	Domingo Garcia	18116 SW 29 St	Miramar, FL 33029
MGRM	Maria C.O. Garcia	18116 SW 29 St	Miramar, FL 33029

REINSTATEMENT 2003-04

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 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

Domingo Garcia

Date

5/21/04

Daytime Phone #

954 437 3582

Typed or printed name of signing Managing Member/Manager Domingo Garcia

CR2E041 (10/02)