

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000020897

Name and Mailing Address

03 DEC -9 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0007007 01 AT 0.292 \*\*AUTO T7 0 0615 33162-41564

POINT TO POINT IMPORT & EXPORT, L.L.C.  
2025 NE 164TH STREET, APT. 204  
NORTH MIAMI BEACH FL 33162-4156



CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/15/2002	
Principal Place of Business 2025 NE 164TH STREET, APT. 204 NORTH MIAMI BEACH FL 33162	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 42-1567045	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent TISSOT, MYRIAN T 2025 NE 164TH STREET, APT. 204 NORTH MIAMI BEACH FL 33162	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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 *Myrian T. Tissot* Date 12/03/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres.	GILBERTO VIEIRA DE ANDRADE JR.	AV. INVERNADA 398 APT. 42.	S. PAULO BRAZIL
			900025331819 12/09/03--01003--006 **150.00
REINSTATEMENT 2013			

12. 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 *SIC/Myrian T. Tissot* Date 12/03/03 Daytime Phone # 305.9488441

Typed or printed name of signing Managing Member/Manager