PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 DEC -7 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000045794

1. Limited Liability Company's Name
STRATEGYON USA, LLC

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CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
205 Church St. 3rd Fl	1500 San Remo Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. 125
City & State: New Haven, Ct	City & State: Coral Gables, FL
Zip: 06510 Country: USA	Zip: 33146 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: June 17, 2004

6. FEI Number: 20-1262528 ☐ 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: Atrium Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1500 San Remo Avenue Suite 125

Suite, Apt. #, Etc.

City: Coral Gables State: FL Zip Code: 33146

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: ATRIUM REGISTERED AGENTS, INC. JOSE NUNEZ, VP Date: 12/1/06

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	Salas, Juan Miguel	205 Church St. 3rd. Fl.	New Haven, CT 06510

REINSTATEMENT 2005-2006

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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 608.408, 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: 11/20/06 Daytime Phone # 2034986094

Typed or printed name of signing Managing Member/Manager: Juan Miguel Salas