

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 NOV 13 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000000308

1. Limited Liability Company's Name

HERA HOLDING INTERNATIONAL, LLC

2. Principal Office Address - No P.O. Box #  
2015 S TUTTLE AVE

Suite, Apt. #, etc.

City & State  
SARASOTA, FL

Zip Country  
34239 USA

3. Mailing Office Address  
2015 S TUTTLE AVE

Suite, Apt. #, etc.

City & State  
SARASOTA, FL

Zip Country  
34239 USA

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 01/03/2005

6. FEI Number  
421655936

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  
Innworld Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
424 E. Central Blvd

Suite, Apt. #, Etc.  
#108

City State Zip Code  
Orlando FL 32801

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 JHRE SZAFRICKS, CRO Date 9/28/09  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ALADAR BALDAUF	Semmelweis u 5.	Budapest 1052, Hungary
MGRM	VERONIKA G. BALDAUFNE	Nador u 51	Budapest 1161, Hungary

REINSTATEMENT-07-09

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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 608.406, 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 ALADAR BALDAUF Date 09/19/2009 Daytime Phone #

Typed or printed name of signing Managing Member/Manager ALADAR BALDAUF

C.S.