

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000116930

1. Limited Liability Company's Name

ONE WORLD FLORIDA L.L.C.

2. Principal Office Address - No P.O. Box #
13915 SW 163RD STREET

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip Country
33177-1925 US

3. Mailing Office Address
8441 W. COMMERCIAL BLVD.

Suite, Apt. #, etc.

City & State
TAMARAC, FLORIDA

Zip Country
33351 US

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 12/06/2006

6. FEI Number 20-8036438 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
JORGE O. PURICELLI

Street Address (P.O. Box Number is Not Acceptable)
8441 W. COMMERCIAL BLVD.

Suite, Apt. #, Etc.

City State Zip Code
TAMARAC FL 33351

E-mail Address:

(To be used for future annual report notices)

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

Date 3-25-11

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
MGRM	PURICELLI, JORGE O.	13915 SW 163RD STREET	MIAMI, FL 33177-1925
MGRM	PURICELLI, LIDIA	13915 SW 163RD STREET	MIAMI, FL 33177-1925

REINSTATEMENT 09-11

CR 3-30-11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager

Date 3-25-11

Daytime Phone #

(954)

720-0126

Typed or printed name of signing Managing Member/Manager

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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