

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 MAY 25 PM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300208021433
05/23/11--01043--009 **521.25

CR2E041 (1/11)

DOCUMENT # L070000 70434

1. Limited Liability Company's Name

UNIALL INTERNATIONAL LLC

2. Principal Office Address - No P.O. Box #

7275 NW 31 Lane

Suite, Apt. #, etc.

City & State

Doral Florida

Zip

33122

Country

USA

3. Mailing Office Address

7275 NW 31 Lane

Suite, Apt. #, etc.

City & State

Doral Florida

Zip

33122

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

7/6/2007

6. FEI Number

26-0491577

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

Teo Filo D Yidrios

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

7275 NW 31 Lane

Suite, Apt. #, Etc.

City

Doral FL 33122

State

FL

Zip Code

E-mail Address:

LFCAL0070@hotmail.com

(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

5/19/2011

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
<u>P</u>	<u>Teo Filo D Yidrios</u>	<u>7275 NW 31 Lane</u>	<u>Doral FL 33122</u>

J. SAULSBERRY
EXAMINER

MAY 25 2011

REINSTATEMENT

09-2011

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

5/19/2011

Daytime Phone #

Typed or printed name of signing Managing Member/Manager