

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 00 FEB -4 PM 12:03
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

W 2/11

DOCUMENT # L98-2670

1. Limited Liability Company's Name

Campos Tool Supplies, L.C.

2. Principal Office Address

4471 NW 36th St

Suite, Apt. #, etc.

227

City & State

Miami Florida

Zip 33166

Country United States

3. Mailing Office Address

4471 NW 36th St.

Suite, Apt. #, etc.

227

City & State

Miami, FL

Zip 33166

Country United States

4. State/Country of Formation

Florida, United States

5. Date Organized or Qualified To Do Business in Florida

11/12/98

6. FEI Number

65-0877185

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$3.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Andrew Cuevas, Esq.

000003142530-9

-02/22/00--01027--001

****200.00 ****200.00

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

Cuevas & Rubin, P.A., 9200 S. Dadeland Blvd,

Suite, Apt. #, Etc.

Suite 603

City

Miami

State FL

Zip Code

33156

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

Andrew Cuevas

Date

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	Edgar Ivan Campos	4471 NW 36 th St, #227	Miami, FL 33166
MGRM	German Rene Campos	4471 NW 36 th St, #227	Miami, FL 33166
MGRM	Jorge Nadhr Campos	4471 NW 36 th St, #227	Miami, FL 33166
MGRM	Denise Ximena Campos	4471 NW 36 th St, #227	Miami, FL 33166

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

Edgar Ivan Campos

Date 01/27/00

Daytime Phone # (305) 406-2124

Typed or printed name of signing Managing Member/Manager

Edgar Ivan Campos