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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 27 PM 11:02

REINSTATEMENT 2000

DOCUMENT # L99000001189

1. Limited Liability Company's Name

BLUE COAST INTERNATIONAL, L.L.C.

2. Principal Office Address	**3.** Mailing Office Address
7014 N.W. 50 ST.	7014 N.W. 50 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33166 Country: U.S.A.	Zip: 33166 Country: U.S.A.

4. State/Country of Formation: FLORIDA - MIAMI DADE COUNTY

5. Date Organized or Qualified To Do Business in Florida: MARCH 2, 1999

6. FEI Number: 65-0906988 ☐ 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

600003456246--6
-11/07/00--01127--019
****150.00 ****150.00

Name: RAMONA CORONADO

Street Address (P.O. Box Number is Not Acceptable): 7360 CORAL WAY, SUITE #21

Suite, Apt. #, Etc.: SUITE# 21

City: MIAMI State: FL Zip Code: 33155

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 _____
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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
P	FERNANDO DA COSTA	7014 N.W. 50 ST.	MIAMI, FL. 33166
VPD	LUZ WELL GONZALEZ	7014 N.W. 50 ST.	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 _____ Date 10-16-00 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____