

## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**DEC 31 PM 3:52**  
 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE

<b>DOCUMENT # M06000000803</b> 1. Entity Name <b>WEMA AMERICAS LLC</b>			
Principal Place of Business <b>C/O JF FINANCIALS, INC.                  19 ANTHONY LANE                  MALVERN, PA 19355 US</b>		Mailing Address <b>C/O BK ACCOUNTING INC                  2961 NW 22ND TERRACE-POMPANO BEACH                  FT. LAUDERDALE, FL 33009 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>C/O JF Financials, Inc.</b>	
Suite, Apt. #, etc.		Suite Apt. #, etc. <b>19 Anthony LANE</b>	
City & State		City & State <b>MALVERN, PA</b>	
Zip		Zip <b>19355</b> Country <b>US</b>	
4. FEI Number <b>33-1147200</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY                  1201 HAYS STREET                  TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City State <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>SONYA CORDELL</u>		DATE <u>2008.12.17</u>	
<b>FILE NOW!!! FEB 15 \$138.75</b> <b>After January 1, 2009, Fee will be \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>GISMERVIK, INGRID MS</b> <b>C/O WEMA OVERSEAS, JOHAN BERENTSENSVEI 41</b> <b>NO-5161 LAKSEVAG, NORWAY, NO 5161</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>69743</b> <b>30013926010</b> <b>12/24/08--01038--005</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>GISMERVIK, ELDBJORG MS</b> <b>C/O WEMA OVERSEAS, JOHAN BERENTSENSVEI 41</b> <b>NO-5161 LAKSEVAG, NORWAY, NO 5161</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>S. HAWKES</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>JAN 5 2009</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>EXAMINER</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT</b> <b>2008</b>
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>INGRID GISMERVIK</u>		DATE <u>2008.12.17</u> + <u>47 55603700</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	