

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



Florida Department of State
J. Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 NOV 21 AM 10:08

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000007144

Name and Mailing Address

0003155 01 FP 0.352 **PRSRT TO O 0615 33308-612273



ESABEL INTERNATIONAL COMPANY LLC
4280 GALT OCEAN DRIVE 15-M
FT. LAUDERDALE FL 33308-6122



2. New Mailing Address

3209 N.E. 36 Street #5

City, State, Zip

FORT LAUDERDALE FL 33308

Principal Place of Business

4280 GALT OCEAN DRIVE 15-M
FT. LAUDERDALE FL 33308

3. New Principal Place of Business Address

SAME 2

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/07/2001

6. FEI Number

65-1104472

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

ALVARO CASTILLO B., P.A.
1390 BRICKELL AVE. SUITE 200
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

800008700328

10/30/02--01074--008 **150.00

City

FL

Zip Code

10. 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

[Signature]

Date 11-12-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GARCIA, EUGENIO J	4280 GALT OCEAN DRIVE 15-M 3209 NE 36 ST #5	FT. LAUDERDALE FL 33308
MGR	SUAREZ, ROGELIO	4280 GALT OCEAN DRIVE 15-M 3209 NE 36 ST #5	FT. LAUDERDALE FL 33308
MGR	LIBERTAD BIDOGLIO, MARIA JUANA	4280 GALT OCEAN DRIVE 15-M 3209 NE 36 ST #5	FT. LAUDERDALE FL 33308

REINSTATEMENT

2002

12. 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

[Signature]

Date 12-25-02 Daytime Phone # 954-568-4141

Typed or printed name of signing Managing Member/Manager