

H150000076183

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		15 JAN -9 PM 9 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L10000122094 1. Limited Liability Company's Name OPTIMUS US 941 N.E. 169TH ST. I, L.L.C.					
2. Principal Office Address - No P.O. Box # 311 86th Street #4 Suite, Apt. #, etc.		3. Mailing Office Address 311 86th Street #4 Suite, Apt. #, etc.		4. State/Country of Formation Florida	
City & State Miami Beach, FL		City & State Miami Beach, FL		5. Date Organized or Qualified To Do Business In Florida 11/24/2010	
Zip 33141	Country US	Zip 33141	Country US	6. FEI Number 900801055	
7. CERTIFICATE OF STATUS DESIRED ☐				Applied For ☐	
8. Name and Address of Current Registered Agent Name Incorp Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 17888 67th Court North Suite, Apt. #, Etc. City Loxahatchee				State FL	
				Zip Code 33470	
9. I, being appointed the registered agent of the above named limited liability company am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent <i>JoAnne Stefanov</i> JoAnne Stefanov for Incorp Services, Inc. Date 12/29/2014 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGRM	OPTIMUS US PROPERTIES HOLDINGS, L.L.C.	311 86th Street #4		Miami Beach, FL 33141	
MGRM	DMS MGMT.	DMS HOUSE, PO BOX 31910		GRAND CAYMAN, CAYMAN ISLS, OC KY1-1-205 OC	
REINSTATEMENT 2015					
11. E-mail Address: managedreports@incorp.com (To be used for future annual report notifications)					
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.165, F.S.					
Signature of Authorized Representative/Manager <i>Krista Del Prado</i>		Date 12/29/2014		Daytime Phone # 786-422-6727	
Typed or printed name of signing Authorized Representative/Manager Krista Del Prado		Authorized Representative			

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Florida Department of State
Division of Corporations
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Fax Number : (850) 617-6384

From: Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

*Please forward to
Becky McKnight
for review*

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: *managedreports@incorp.com*

**LIMITED LIABILITY REINSTATEMENT
OPTIMUS US 4550 N.W. 9TH ST., L.L.C.**

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