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
01 DEC 11 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001305

1. Limited Liability Company's Name
Zowie USA, LLC

2. Principal Office Address		**3.** Mailing Office Address	
12555 Orange Dr.		12717 W Sunrise Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 274		#201	
City & State		City & State	
Davie, FL		Sunrise, FL	
Zip	Country	Zip	Country
33330	USA	33323	USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida 02/04/2000

6. FEI Number 65-0982428 ☐ 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

Name: Ingrid Corzo-Ponce

900004725195--7
-12/13/01--01071-015
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 12555 Orange Dr.

Suite, Apt. #, Etc.: Suite 274

City: Davie | State: FL | Zip Code: 33330

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 12-5-01
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
MGRM	Jesus Armando Ponce G.	12555 Orange Dr. #274	Davie, FL 33330

REINSTATEMENT 01

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 12-5-01 Daytime Phone # (954) 7708335
(954) 8621490

Typed or printed name of signing Managing Member/Manager _____