L00000001384

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL 22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L00000001384

1. Limited Liability Company's Name

CENTRALUM USA LLC

2001-2002   7/22

2. Principal Office Address	**3.** Mailing Office Address
7421 N.W. 54 street	7421 N.W. 54 street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI	City & State MIAMI
Zip 33166	Country USA	Zip 33166	Country USA

4. State/Country of Formation
FL. USA

5. Date Organized or Qualified To Do Business in Florida
02/08/00

6. FEI Number
65-0979147   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 CARLOS ZULUAGA

Street Address (P.O. Box Number is Not Acceptable)
7421 N.W. 54 street

Suite, Apt. #, Etc.

City MIAMI   State FL   Zip Code 33166

50000663026 — 9
-07/25/02--01003--006
****200.00   ****200.00

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 _____
REGISTERED AGENT MUST SIGN   Date 07/18/02

CR2E041 (9/01)

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
President	CARLOS ZULUAGA	7421 NW 54 street	MIAMI, FL. 33166
Vice President	MARINO GOMEZ	7421 NW 54 street	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 07/18/02   Daytime Phone # 305-500 9922

Typed or printed name of signing Managing Member/Manager CARLOS ZULUAGA