

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 OCT 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L-2385**

1. Limited Liability Company's Name

CYANCO USA, LLC.

2. Principal Office Address

11731 ROYAL PALM BLVD.

Suite, Apt. #, etc.

102

City & State

CORAL SPRINGS, FL.

Zip

33065

Country

USA.

3. Mailing Office Address

11731 ROYAL PALM BLVD.

Suite, Apt. #, etc.

102.

City & State

CORAL SPRINGS, FL.

Zip

33065

Country

USA.

REINSTATEMENT 2001

4. State/Country of Formation

FL. USA.

5. Date Organized or Qualified
To Do Business in Florida

FEB. 2, 2000.

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$3.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

DANIEL ALGRANATTI

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

11731 ROYAL PALM BLVD.

Suite, Apt. #, Etc.

102.

City

CORAL SPRINGS

500004676545-4

-11/13/01--01051--080

******150.00 ****150.00**

State

FL

Zip Code

33065.

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

REGISTERED AGENT MUST SIGN

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
MGR.	DANIEL ALGRANATTI	11731 ROYAL PALM BLVD. #102.	CORAL SPRINGS, FL. 33065.
MGR.	JOSE LUIS CASTRO	11731 ROYAL PALM BLVD #102	CORAL SPRINGS, FL. 33065.

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 **10-25-2001** Daytime Phone # **(954) 471-7631**
340-1457.

Typed or printed name of signing Managing Member/Manager **DANIEL ALGRANATTI**

CR2E041 (9/01)