L00000003356

Florida Department of State

Division of Corporations

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To:
     Division of Corporations
     Fax Number     : (850)205-0383

From:
     Account Name   : FAS-T CORP. AGENTS, INC.
     Account Number : 071001002335
     Phone          : (305)599-0839
     Fax Number     : (305)716-0346
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LIMITED LIABILITY REINSTATEMENT

RECEIVED
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TALLAHASSEE, FLORIDA

EXTRALIA, LLC.

Certificate of Status	0
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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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JAN 10

DOCUMENT # L00000003356

1. Limited Liability Company's Name
EXTRALIA, LLC

2. Principal Office Address		3. Mailing Office Address	
1402 BRICKELL BAY DR.		1402 BRICKELL BAY DR	
Suite, Apt. #, etc. 1103		Suite, Apt. #, etc. 1103	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33131	Country USA	Zip 33131	Country USA

4. State/Country of Formation: FLORIDA/USA

5. Date Organized or Qualified To Do Business in Florida: 03/24/00

6. FEI Number: 65-1054935 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: DIEGO NUNEZ-ZAMBRANO
Street Address (P.O. Box Number is Not Acceptable): 1402 BRICKELL BAY DR
Suite, Apt. #, Etc.: 1103
City: MIAMI State: FL Zip Code: 33131

9. I, being appointed ... 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 01/04/02
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	DIEGO NUNEZ-ZAMBRANO	1402 BRICKELL BAY DR	MIAMI, FL, 33131

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: [signature] Date 01/04/02 Daytime Phone # 305-448-3898

Typed or printed name of signing Managing Member/Manager ____________________

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