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 NOV -5 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L-5897

1. Limited Liability Company's Name
D'AVILA INTERNATIONAL L.L.C.

REINSTATEMENT 200

2. Principal Office Address		3. Mailing Office Address	
1855 GRIFFIN ROAD		1855 GRIFFIN ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
B382		B382	
City & State		City & State	
DANIA BEACH, FL		DANIA BEACH, FL	
Zip	Country	Zip	Country
33004	U.S.	33004	U.S.

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 05/22/2000

6. FEI Number
65-1009741
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name
JOSE AUGUSTO SILUAN

Street Address (P.O. Box Number is Not Acceptable)
1855 GRIFFIN ROAD

Suite, Apt. #, Etc.
B382

City | State | Zip Code
DANIA BEACH | FL | 33004

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****150.00 ****150.00

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 _____ Date _____
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
MGMR	JOSE A.SILUAN	1855 GRIFFIN RD.#B382	DANIA BEACH, FL 33004

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 608.408, 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 _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____

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