PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000007167

LIMITED LIABILITY COMPANY REINSTATEMENT

DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY 23 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000007167

1. Limited Liability Company's Name
OH SWEET LC

2. Principal Office Address	3. Mailing Office Address
12318 SW 117 Court	12318 SW 117 Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33186 Country: USA	Zip: 33186 Country: USA

4. State/Country of Formation: FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida: June 19, 2000

6. FEI Number: 65-1017627 ☐ 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: SALOMON RIMA

700019837517
05/23/03--01033--001 **50.00

Street Address (P.O. Box Number is Not Acceptable): 5115 NW 113 CT

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33178

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: [signature] Date: MAY 20/2003
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
	SALOMON RIMA, MGR	5115 NW 113 ct	MIAMI, FL 33178
	ELIAS RIMA, MGRM	5181 NW 115 ct	MIAMI, FL 33178
	EDUARDO NASSIFF, MGRM	9801 Costa del Sol Blvd.	MIAMI, FL 33178
		REINSTATEMENT	01-03

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: [signature] Date: May 20 2003 Daytime Phone #: (786) 282-5567

Typed or printed name of signing Managing Member/Manager: SALOMON RIMA