	ED LIABILITY OMPANY STATEMENT		Secretary of State ISION OF CORPORATIONS	400	,03 OF	LED	
	JMENT # L0000000 Liability Company's Name KATALYX TRANSPORT	٠	,C •] B	TALLAMASSEE, FO	PM 5: 39 STATE	
2. Principal	Office Address	3. Mailing (Office Address				
1221 Suite, Apt. # 6th F		Suite, Apt. #	., c/o Patricia	5. Date Orga	ntry of Formation Florida nized or Qualified siness in Florida 06/26/	2000	
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		1 '	City & State Menendez-Cambo Miami, FL		6. FEI Number Applied For 52-2260657		
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33131	U.S.A.	33131	U.S.A. Name and Address of Current Regi		101	a Certificate of Status	
	Name CORPORATION SE Street Address (P.O. Box Number is 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee	State Zip Code FL 32301-1525					
Signature of Registered /	appointed the registered agent of the analysis and Street Addresses of Managing 1	Harring REGISTERED AN	as its agen		Date 121110	3	
Titles	Name of Managing Mambers/ Mar		Street Address of Managing Member/ M		City / State	/ Zip	
MGR	Eliseo Sanchez Tr	asobares	1221 Brickell Ave	., 6th Fl.	Miami, FL 331	31	
MGR	Cristina Pareja P	allares	1221 Brickell Ave	., 6th Fl.	Miami, FL 331	31	
	BEINS	TATEM	EN 2003				
	2 0245	•	BK	4	00025433	3344	

ELISEO SANCHEZ TRASOBARES

Typed or printed name of signing Managing Member/Manager



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XX REINSTATEMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Darlene Ward EXAMINER'S INITIALS