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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Florida Department of State

Division of Corporations

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DIVISION OF CORPORATION

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

LIMITED LIABILITY REINSTATEMENT

BOTRAN IMPORTS (USA) LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$200.00

J. BRYAN JUL 25 2003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 JUL 24 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000007552

1. Corporation Name
BOTRAN IMPORTS (USA) LLC

2. Principal Office Address	3. Mailing Office Address
15561 SW 157 ST.	15561 SW 157 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33187 Country: DADE	Zip: 33187 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-1020480 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: LAZARO CARBAJAL
Street Address (P.O. Box Number is Not Acceptable): 15561 SW 157 STREET
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33187

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Lazaro Carbajal Date: 7/22/03
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGR	LAZARO CARBAJAL	15561 SW 157 ST	MIAMI, FL 33187
MEM	JOSE ALBERTO SANTOS	4160 West 16 Ave # 402	Hialeah, FL 33012
MEM	CARLOS GONZALEZ JARNO	4160 West 16 Ave # 402	Hialeah, FL 33012

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Lazaro Carbajal LAZARO CARBAJAL 7/22/03 (305) 670-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #