

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Michael W. Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

Nov 30, 2001 8:00 A.M.  
Secretary of State

DOCUMENT # L00000007713

1. Limited Liability Company's Name

DR Investments USA LLC

2. Principal Office Address

9545 S.W. 24 Street

3. Mailing Office Address

Same

Suite, Apt. #, etc.

B201

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33165

Country

USA

Zip

Country

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified

To Do Business in Florida

June 26, 2000

6. FEI Number

65-1021727

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

B. Name and Address of Current Registered Agent

Name

Daniel Rojas

800004710988-1

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

9545 S.W. 24 street

12/06/01-01012-021

\*\*\*150.00 \*\*\*150.00

Suite, Apt. #, Etc.

B201

City

Miami

State

FL

Zip Code

33165

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

*Daniel E. Rojas*  
REGISTERED AGENT MUST SIGN

Date Nov 10/01

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| MGR    | Daniel Enrique Rojas                 | 9545 SW 24 St., B201                              | Miami, FL 33165    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

REINSTATEMENT

OT  
Call 11/30

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

*Daniel E. Rojas*

Date Nov 8/01

Daytime Phone # (305) 551-3373

229-9973

Typed or printed name of signing Managing Member/Manager

Daniel E. Rojas

CR2E041 (9/00)