

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 24 AM 9:53

DOCUMENT # L00000008316

1. Limited Liability Company's Name

NATCO INTERNATIONAL TRANSPORTS USA, LLC

2. Principal Office Address

2801 NW 74th. AVE.

Suite, Apt. #, etc.

224

City & State

MIAMI, FLORIDA

Zip

33122

Country

USA

3. Mailing Office Address

2801 NW 74th. AVE.

Suite, Apt. #, etc.

224

City & State

MIAMI, FLORIDA

Zip

33122

Country

USA

4. State/Country of Formation

FLORIDA USA

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

65-1026714

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

ANDRES HERNANDEZ

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

2801 NW 74th. AVE.

Suite, Apt. #, Etc.

224

City

MIAMI

State
FL

Zip Code
33122

REINSTATEMENT 01-05

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]
REGISTERED AGENT MUST SIGN

Date 01-19-2005

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
MGR	ANDRES HERNANDEZ	2801 NW 74th. AVE.	MIAMI, FL. 33122
MGR	JASON DUARTE	2801 NW 74th. AVE.	MIAMI, FL. 33122
MGR	HELMUT FILE	2801 NW 74th. AVE.	MIAMI, FL. 33122

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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

[Signature]

Date 01-19-2005

Daytime Phone # 305-599-3285

Typed or printed name of signing Managing Member/Manager