PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -8 AM 9:34

800004777328--0
-01/16/02--01027--014
****150.00 ****150.00

DOCUMENT # L00000008444

1. Limited Liability Company's Name

VIAPARK SERVICES, L.C.

2. Principal Office Address	**3.** Mailing Office Address
4630 N. UNIVERSITY DR	4630 N. UNIVERSITY DRIVE
Suite, Apt. #, etc. #383	Suite, Apt. #, etc. #383
City & State CORAL SPRINGS, FL	City & State CORAL SPRINGS, FL
Zip 33067 Country USA	Zip 33067 Country USA

4. State/Country of Formation FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida 07/18/00

6. FEI Number 65-1025236 ☐ 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 ALEXANDRE M. BREVES

Street Address (P.O. Box Number is Not Acceptable) 4630 N. UNIVERSITY DRIVE

Suite, Apt. #, Etc. #383

City CORAL SPRINGS State FL Zip Code 33067

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 _____ Date 12/23/01

REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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
P	ALEXANDRE BREVES	4630 N. UNIVERSITY DR #383	CORAL SPRINGS FL 33067
T	ALMERINDO BREVES	4630 N. UNIVERSITY DR #383	CORAL SPRINGS FL 33067
			Rein 100
			OBR 50
	REINSTATEMENT 2001		150 nc

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 _____ Date 12/23/01 Daytime Phone # 954 325 2953

Typed or printed name of signing Managing Member/Manager _____