PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L00000008750

1. Limited Liability Company's Name

I.E.C. INTERNATIONAL ENGINEERING & CONSULTING LIMITED LIABILITY COMPANY

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2. Principal Office Address		3. Mailing Office Address	
VIA ORTIGARA, 5		VIA ORTIGARA, 5	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: VICENZA		City & State: VICENZA	
Zip: 36100	Country: ITALY	Zip: 36100	Country: ITALY

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 7/24/2000

6. FEI Number: ☐ 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: INCORPORATING SERVICES, LTD.

Street Address (P.O. Box Number is Not Acceptable): 1540 GLENWAY DR.

Suite, Apt. #, Etc.:

City: TALLAHASSEE | State: FL | Zip Code: 32301

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: Melissa A Murry Date: 12/19/06

REGISTERED AGENT MUST SIGN

Melissa A. Murry, Assistant Secretary

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	GIANCARLO PERTEGATO	VIA ORTIGARA, 5	VICENZA, ITALY 36100

REINSTATEMENT 2004-2006

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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: Date: 12/19/2006 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: GIANCARLO PERTEGATO