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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000008750

1. Limited Liability Company's Name
I.E.C. International Engineering & Consulting Limited Liability Company

9/28/91

900012240639
02/11/03 01005 006 $200.00

2. Principal Office Address	3. Mailing Office Address
Atlantic Professional Building	Atlantic Professional Building
Suite, Apt. #, etc. 1591 E. Park Avenue	Suite, Apt. #, etc. 1591 E. Park Avenue
City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32301 / County	Zip 32301 / County

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number — Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Nationscorp Registered Agents, Inc.

900012240639
10/15/03--01031--002 **50.00

Street Address (P.O. Box Number is Not Acceptable): 526 East Park Avenue

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: Alison Hand Asst Secy Date: 9/11/03

REGISTERED AGENT MUST SIGN

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	36100 Vicenza Italy
	REINSTATEMENT 2001-2003		

11. I certify that I am managing member/manager or the member or trustee designated 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 608.408, 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: Giancarlo Pertegato Date: Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: