

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

01 NOV -2 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 00000010455**

1. Limited Liability Company's Name

EQUIBOL AMERICA, LLC

2. Principal Office Address

3668 Cypress Wood Ct.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33467

Country

USA

3. Mailing Office Address

3668 Cypress Wood Court

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33467

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified

To Do Business in Florida

August 30 2000

6. FEI Number

65-1043599

Applied For

Not Applicable.

7. CERTIFICATE OF STATUS DESIRED ☐

**\$500 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

GUENTER NOESNER

700004686097-2

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

3668 Cypress Wood Court

-11/16/01--01094--017

Suite, Apt. #, Etc.

*****150.00 ***150.00**

City

LAKE WORTH

State

FL

Zip Code

33467

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

Guenter Noesner

REGISTERED AGENT MUST SIGN

Date

10-30-01

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
Mr.	GUENTER NOESNER	5510 SW 6th St	Plantation, FL 33317
Ms.	LUDVICA ZEITHANNE	3668 Cypress Wood Ct.	Lake Worth, FL 33467

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

Guenter Noesner

Date

10-30-01

Daytime Phone #

561-357-8320

Typed or printed name of signing Managing Member/Manager

GUENTER NOESNER

CR2E041 (9/01)