

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

REINSTATEMENT 2001
FILED

01 OCT 26 PM 12:17

DOCUMENT # L 00000011188

1. Limited Liability Company's Name

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COLUMBUS INTERNATIONAL TRADING L.L.C.

2. Principal Office Address

19833 NW 87th CT

Suite, Apt. #, etc.

3. Mailing Office Address

19833 NW 87th CT

Suite, Apt. #, etc.

City & State

Miami - FL

City & State

Miami FL

Zip

33018

Country

USA

Zip

33018

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

Oct-2000

6. FEI Number

651039683

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

Venus Juri

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

19833 NW 87th CT

Suite, Apt. #, Etc.

600004663056-6

-11/01/01--01064--014

****155.00 ****155.00

City

Miami

State

FL

Zip Code

33018

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 10-22-01

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
MGR	Venus Juri	✓ 19833 NW 87th CT	Miami FL 33018
MGR	Claudia Nieto	19773 NW 87th CT	Miami FL 33018

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 10-22-01 Daytime Phone # 305-409-0345

Typed or printed name of signing Managing Member/Manager Venus Juri

CR2E041 (9/01)