

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

Florida Department of State
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000013727

Name and Mailing Address

0002656 01 FP 0.352 **PRST T8 0 0615 33166-667491



BITAGAS, LLC
8180 NW 36 ST., SUITE 316
MIAMI FL 33166-6674



2. New Mailing Address

City, State, Zip

Principal Place of Business

8180 NW 36 ST., SUITE 316
MIAMI FL 33166

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/08/2000

6. FEI Number

65-1053518

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

GUERNICA, EDUARDO
8180 NW 36TH ST
SUITE 230
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

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

REINSTATEMENT 2002

City

FL

Zip Code

10. 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

REGISTERED AGENT MUST SIGN

Date Nov 08 / 2002

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PD	MEZERHANE, LUIS AZMOUZ	8180 NW 36TH ST., TE 316	MIAMI FL 33166

7000009006407
11/14/02--01071--003 **150.00

12. 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

Nov 08 / 02

Daytime Phone #

954-240-7333

Typed or printed name of signing Managing Member/Manager