PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 NOV 17 AM 9:40

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 17 AM 9:40

CR2E041 (8/05)

DOCUMENT # L00000014362

1. Limited Liability Company's Name
LASER RUBBER PRODUCTS, L.L.C.

2. Principal Office Address	3. Mailing Office Address
8180 NW 36TH STREET	SAME
Suite, Apt. #, etc.: SUITE 100	Suite, Apt. #, etc.:
City & State: MIAMI, FL	City & State:
Zip: 33166 Country: US	Zip: Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 11/15/2000

6. FEI Number: 65-1056795 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: ANTHONY ROBLEDO

Street Address (P.O. Box Number is Not Acceptable): 8180 NW 36TH STREET

Suite, Apt. #, Etc.: SUITE 100

City: MIAMI State: FL Zip Code: 33166

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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 _____ Date _____
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
MGRM	DE BENITES, MARIA AIDA G	CALLE CADIZ #265 SAN ISIDRO	LIMA-PERU

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 608.408, 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 X Maria de Benites Date 10/31/05 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____