

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 25 PM 2:29

DOCUMENT# L00000014362

1. Limited Liability Company's Name

LASER RUBBER PRODUCTS, LLC

900014908219
03/28/03--01047--005 **200.00

2. Principal Office Address

8180 NW 36 ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#100

Suite, Apt. #, etc.

City & State

MIAMI

City & State

FL

Zip

33166

Country

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

11-15-2000

6. FEIN Number

65-1056795

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

Name

ROBLEDO, ANTHONY

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

8180 NW 36TH ST

Suite, Apt. #, Etc.

#100

City

MIAMI

State

FL

Zip Code

33166

9. I, being appointed the registered agent for the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent


Date

3/25/03

REGISTERED AGENT MUST SIGN

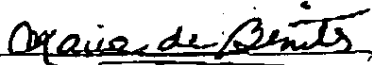
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/s/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MEM	DE BENITES MARIA AIDA G	CALLE CADIZ #265 SAN ISIDRO	LIMA-PERU
↑	per upland		
	3/25		

REINSTATEMENT

2002-2003
ult
3/25

11. I certify that I am a 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 as if made under oath. te, and my signature shall have the same legal effect

Signature of
Managing Member/Manager


Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager