PLEASEREADALLINSTRUCTIONSBEFORECOMPLETINGTHISFORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

L00000014362

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 25 PM 2:29

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DOCUMENT# L00000014362

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

2. Principal Office Address	3. Mailing Office Address
8180 NW 36 ST	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. FEI 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 of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] 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
MGR MEM	DE BENITES MARIA AIDA G	CALLE CADIZ #265 SAN ISIDRO	LIMA-PERU
		REINSTATEMENT	2002-2003

per Yolanda Ruiz 3/25

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 cause 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: Maria de Benites Date: _____ Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: _____

CR5041(10/02)