APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

01 DEC 27 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000014567

1. Limited Liability Company's Name

KARTS USA, L.L.C.

REINSTATEMENT 2001

2. Principal Office Address		3. Mailing Office Address	
5673 NW 117 Ave.		5673 NW 117 Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: CORAL SPRING, FL.		City & State: CORAL SPRINGS, FL.	
Zip: 33076	Country: U.S.A.	Zip: 33076	Country: U.S.A.

4. State/Country of Formation: FLORIDA, U.S.A.

5. Date Organized or Qualified To Do Business in Florida: 11/20/2000

6. FEI Number: X 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: JANETH MEJIA

Street Address (P.O. Box Number is Not Acceptable): 5673 NW 117 Ave.

Suite, Apt. #, Etc.:

City: CORAL SPRINGS | State: FL | Zip Code: 33076

CR2EM1 (8/00)

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: Janeth de Mejia — Date: 12/19/2001
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
MGR	MEJIA, JANETH	5673 NW 117 Ave.	CORAL SPRINGS, FL.
		400004741724--7	
		-12/28/01--01001--005	
		****300.00	****150.00

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: Janeth de Mejia — Date: 12/19/2001 — Daytime Phone #: (954)255-8146

Typed or printed name of signing Managing Member/Manager: JANETH MEJIA