

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC-6 PM 3:05

DOCUMENT # L00000015029

1. Limited Liability Company's Name
Axxis Design, L.C.

700004716597--5
-12/10/01--01083--001
***155.00 ***155.00

2. Principal Office Address

4624 N.W. 107 Avenue

Suite, Apt. #, etc.

Suite 2306

City & State

Miami, Florida

Zip

33178

Country

USA

3. Mailing Office Address

4624 N.W. 107 Avenue

Suite, Apt. #, etc.

Suite 2306

City & State

Miami, Florida

Zip

33178

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/6/00

6. FEI Number

65-1059256

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

Bander, Fox-Isicoff & Associates, P.A. Attention: Stephen M. Bander

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

444 Brickell Avenue

Suite, Apt. #, Etc.

Suite 300

City

Miami

State

FL

Zip Code

33131

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 11/26/01

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 | Lina Maria Benedetti | 4624 N.W. 107 Avenue, Apt. 2306 | Miami, Florida 33178 |
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REINSTATEMENT 2001

Rein 100
UBR 60
CHS 5
155 mp

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

Date 11.26.01

Daytime Phone# 305-392-2872

Typed or printed name of signing Managing Member/Manager Lina Maria Benedetti