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
01 NOV -5 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015035

1. Limited Liability Company's Name

Swiss-Fizz Technologies, LLC

REINSTATEMENT 2001

2. Principal Office Address	**3.** Mailing Office Address
1097 Jupiter Park Lane	1097 Jupiter Park Lane
Suite, Apt. #, etc.: Suite E5	Suite, Apt. #, etc.: Suite E5
City & State: Jupiter, Florida	City & State: Jupiter, Florida
Zip: 33458 Country: USA	Zip: 33458 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 11/29/2000

6. FEI Number: ☑ 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: Daryl Cramer & Associates, P.A.

800004685418--0
-11/16/01--01058-023
****155.00 ****155.00

Street Address (P.O. Box Number is Not Acceptable): 515 N. Flagler Drive

Suite, Apt. #, Etc.: Suite 910

City: West Palm Beach State: FL Zip Code: 33401

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: DARYL S CRAMER, ESQ Date: 11/31/01

REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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	Christer Rosen	1097 Jupiter Park Lane	Jupiter, Florida 33458
MGR	Fritz Schneiter	1097 Jupiter Park Lane	Jupiter, Florida 33458
MGR	Franz Ehrenhofer	1097 Jupiter Park Lane	Jupiter, Florida 33458

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: _____ Daytime Phone # 561-687-5270

Typed or printed name of signing Managing Member/Manager: Christer Rosen