## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REIN	TED LIABILITY COMPANY NSTATEMENT	Kat Ses DIVISIO	EPARTMENT OF STAT therine Harris getary of State N OF CORPORATIONS	re .	FILED SECRETARY O DIVISION OF COR OI NOV 26	) F STATE PORATIONS PM 4: 14	
1. Limited	UMENT# LOOOO   Liability Company's Name RO TAPE USA L		1		Ol Mon Eq		
2. Principal Office Address		3. Mailing Office Address					
11150 S. W. 70 TERR.				4. State/Cou	4. State/Country of Formation		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			+LORIDA /USA		
City & State		City & State			To Do Business in Florida DEC 8, 2000		
City & State		City & State		6. FEI Number Applied For			
Zip	Country	Zip	Country	<u> 65-</u>	1065 735 Ia	Not Applicable  500 Additional Respectified	
331	73 USA			CERTIFICATI	E OF STATUS DESIRED .	for a Cardificate of Status	
8. Name and Address of Current Registered Agent  Name  KLDUS EYLERIS  Street Address (P.O. Box Number is Not Acceptable)  7161 S, W. 144 PLACE  Suite, Apt. #, Etc.  *****150.00 *****150.00							
	- HiAn-i-		+ »=	·	State Zip Code	<u> </u>	
Signature of Registered	Agent / Call Control		MUST SIGN	n and accept the obligation	ations of Chapter 608, F.S	(CR2E041 (9/0)	
10. Name	es and Street Addresses of Managing Mer	mbers/Managers	<del></del>	·-···			
Titles	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip		
HGR	CARL-ERICH BONDEL		11150 S.W TOTERR.		Minni, Fc, 33173		
				Run	100		
RE	ino milien	T <u>20</u>	<u>07</u>	00.0	150	C	
all fees as if m Signatore of Managiny M	y that I am managing member/manager or its reinstatement application the reason for sowed by the limited liability company haviade under oath.  Member/Manager  Inted name of signing Managing Member/	e been paid. The infor	eliminated, the limited liability	company name satisfi ation is true and accui	es the requirements of section rate, and my signature shall t	on 608.406, F.S., and that have the same legal effect	