

PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS FORM

L00000015867

FILED

04 DEC 27 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L00000015867

1. Limited Liability Company's Name
Major LC

2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc. <u>Ste. 302, East Bldg. No. 34/20</u>		Suite, Apt. #, etc. <u>Suite 808</u>	
City & State <u>Cuba Ave & 34th Street</u> <u>Panama 5, Republic of Panama</u>		City & State <u>Wilmington, DE</u>	
Zip <u>19801</u>	Country <u>USA</u>	Zip <u>19801</u>	Country <u>USA</u>

4. State/Country of Formation <u>Florida</u>	
5. Date Organized or Qualified To Do Business in Florida <u>12/20/2000</u>	
6. FEI Number <u>N/A</u>	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 Florida Filing & Search Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1333 Duval Street

Suite, Apt. #, Etc.

City Tallahassee State FL Zip Code 32302

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 Abbie P. Hodge Date 12/27/04

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
<u>MEM</u>	<u>Member Saturn Investment Group SA.</u>	<u>Ste. 302, East Bldg. No. 34/20</u> <u>Cuba Ave & 34th Street</u> <u>Panama 5, Republic of Panama</u>	
<u>MEM</u>	<u>Member Star Group Finance & Holdings, Inc.</u>	<u>Ste. 302, East Bldg. No. 34/20</u> <u>Cuba Ave & 34th Street</u> <u>Panama 5, Republic of Panama</u>	
REINSTATEMENT 2004			<u>100043650851</u>

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 Sid Garnett Date 12/27/04 Daytime Phone # 302-421-5752

Typed or printed name of signing Managing Member/Manager Sid Garnett

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FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303
PHONE: (800) 435-9371 FAX: (866) 860-8395

DATE: 12-27-04

NAME: MAJOR, LLC

TYPE OF FILING: REINSTATEMENT

COST: \$150

RETURN:

RECEIVED
04 DEC 27 PM 1:30
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BM

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Paul Hodge

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TALLAHASSEE, FLORIDA