

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 MAY -8 AM 8:26

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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05/08/03--01085--001 **200.00

DOCUMENT #

1. Limited Liability Company's Name

L01000003008

RAMOSPORT INTERNATIONAL, L.L.C.

2. Principal Office Address

16883 HEMINGWAY DRIVE

Suite, Apt. #, etc.

City & State

WESTON FL

Zip

33326

Country

U.S.A.

3. Mailing Office Address

16883 HEMINGWAY DRIVE

Suite, Apt. #, etc.

City & State

WESTON FL

Zip

33326

Country

U.S.A.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

02/27/2001

6. FEI Number

65-1091773

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

RAMOS, JUAN

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

16883 HEMINGWAY DRIVE

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

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

REGISTERED AGENT MUST SIGN

Date

4/30/03

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	RAMOS, JUAN	16883 HEMINGWAY DRIVE	WESTON FL 33326
MGRM	ACHTERBERG, GERD	16883 HEMINGWAY DRIVE	WESTON FL 33326

REINSTATEMENT

2002-03

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 #

4/30/03

Typed or printed name of signing Managing Member/Manager

RAMOS, JUAN