

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 26 AM 9:52

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L 0100000 3337**

1. Limited Liability Company's Name

GOSAVE USA, LLC

2. Principal Office Address

13415 SW 62 ST.

Suite, Apt. #, etc.

#5

City & State

MIAMI FL

Zip

33183

Country

USA

3. Mailing Office Address

13415 SW 62 ST.

Suite, Apt. #, etc.

#5

City & State

MIAMI FL

Zip

33183

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

3/02/01

6. FEI Number

65-1081865

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

Ramiro Gomez Velasquez

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

13415 SW 62 STREET

Suite, Apt. #, Etc.

#5

City

MIAMI

State

FL

Zip Code

33183

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

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	Ramiro Gomez Velasquez	13415 SW 62 ST. #5	MIAMI FL 33183
		700075873667	
		06/06/06--01015--019 **350.00	
		REINSTATEMENT 02-06	

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 **05-25-06**

Daytime Phone # **386 735-3737**

Typed or printed name of signing Managing Member/Manager

RAMIRO GOMEZ VELASQUEZ