L01000003664

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -2 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/03/03--01070--003 **150.00

DOCUMENT # J01000003664

1. Limited Liability Company's Name

BAROLO, LLC

2. Principal Office Address	**3.** Mailing Office Address
2400 E LAS OLAS BLVD.	2400 E LAS OLAS BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE A	SUITE A
City & State	City & State
FORT LAUDERDALE, FL	FORT LAUDERDALE, FL
Zip: 33301 Country: U.S.A.	Zip: 33301 Country: U.S.A.

4. State/Country of Formation: FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida: 3/09/2001

6. FEI Number: 65-1087882 ☐ 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: FREDERICO PESSOA LINS

Street Address (P.O. Box Number is Not Acceptable): 2400 E LAS OLAS BLVD. SUITE A

Suite, Apt. #, Etc.: SUITE A

City: FORT LAUDERDALE State: FL Zip Code: 33301

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: [signature] Date: 9/30/2003
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MANAG MEMBER	MARISA BIASI SILVA	2400 E LAS OLAS BLVD. STE A	FORT LAUDERDALE/FL/33301
		REINSTATEMENT 2003	

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: [signature] Date: 9/30/2003 Daytime Phone#: 954.712.0580

Typed or printed name of signing Managing Member/Manager: _____