

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 31 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000004982

1. Limited Liability Company's Name

XENCO LABORATORIES, LLC.

10/4/02

800011983838
02/07/03--01056--001 **205.00

2. Principal Office Address

5757 N.W. 158th Street

Suite, Apt. #, etc.

3. Mailing Office Address

2618 South Falkenburg Road

Suite, Apt. #, etc.

City & State

Miami Lakes

City & State

Riverview, FL

Zip

33014

Country

U.S.A.

Zip

33569

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

03/28/01

6. FEI Number

593707343

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

Liliana Fincher

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

2618 South Falkenburg Road

Suite, Apt. #, Etc.

City

Riverview

State
FL

Zip Code
33569

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

Liliana Fincher

Date 01/30/03

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
Partner	Maria E. Arevalo	1638 Portsmouth Lake Drive	Brandon, FL 33511
Partner	Eduardo Builes	11 Old Windsor Way	Sugarland, TX
Partner	Liliana Fincher	1638 Portsmouth Lake Drive	Brandon, FL 33511
REINSTATEMENT 2002-2003			
BN			

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

Liliana Fincher

Date 01/30/03

Daytime Phone # 813-620-2000

Typed or printed name of signing Managing Member/Manager Liliana Fincher

CR2E041 (10/02)