

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 18 AM 11:04

DOCUMENT # L01000006305

1. Limited Liability Company's Name

Elgitread (USA) LLC

000065070570

02/02/06--01010--016 **200.00

CR2E041 (8/05)

2. Principal Office Address

401 West 24th Street

Suite, Apt. #, etc.

City & State

Charlotte, NC

Zip
28206

Country

USA

3. Mailing Office Address

605 E. Robinson Street

Suite, Apt. #, etc.

Suite 730

City & State

Orlando

Zip

32801

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

04/24/01

6. FEI Number

59-3716740

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

AM&E Services LLC

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

605 East Robinson Street

Suite, Apt. #, Etc.

Suite 730

City

Orlando

State
FL

Zip Code

32801

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

1/11/06

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
P	Sudarsan Varadaraj	401 West 24th Street	Charlotte, NC 28206
Mgr	John R. Joseph	401 West 24th Street	Charlotte, NC 28206

REINSTATEMENT 05-06

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

1/11/06

Daytime Phone# 407-841-1550

Typed or printed name of signing Managing Member/Manager Arthur R. Louv, Administrative Vice President