L01000008712

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

03 FEB 14 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2002-2003

200012565592

02/14/03--01045--021 **200.00

DOCUMENT # L01000008712

1. Limited Liability Company's Name

EGAR IMPORT, L.C.

2. Principal Office Address		**3.** Mailing Office Address	
1221 BRICKELL AVE.		1221 BRICKELL AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
1100		1100	
City & State		City & State	
MIAMI, FL.		MIAMI, FLA	
Zip	Country	Zip	Country
33131	USA	33131	USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 10/04/2002

6. FEI Number: 65-1108633 ☐ 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: LUIS AGRAMUNT

Street Address (P.O. Box Number is Not Acceptable): 1221 BRICKELL AVE.

Suite, Apt. #, Etc.: 1100

City: MIAMI State: FL Zip Code: 33131

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 1-1-2003

CR2E041 (9/01)

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
M	GASULLA, ALFONSO RUIZ	1221 BRICKELL AVE. # 1100	MIAMI, FL. 33131
M	VIDAL-MONTSERRAT PARIS	1221 BRICKELL AVE # 1100	MIAMI, FL. 33131
M	PARIS, MARIA RUIZ	1221 BRICKELL AVE #1100	MIAMI, FL. 33131
M	PARIS, DAVID RUIZ	1221 BRICKELL AVE #1100	MIAMI, FL. 33131

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 1-1-2003 Daytime Phone# (305) 373-5802

Typed or printed name of signing Managing Member/Manager GASULLA, ALFONSO RUIZ