

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

10 MAR 25 PM 12:00

DOCUMENT # L01000010952

1. Limited Liability Company's Name

FRARUS USA, LLC

000173021830
03/24/10--01025--009 **416.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 27911 CROWN LAKE BLVD		3. Mailing Office Address	
Suite, Apt. #, etc. SUITE 241		Suite, Apt. #, etc.	
City & State BONITA SP. FL		City & State	
Zip 34135	Country USA	Zip	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 6-29-2001	
6. FEI Number 59-3728831	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name ERA FINANCIAL GROUP LLC		
Street Address (P.O. Box Number is Not Acceptable) 27911 CROWN LAKE BLVD, SUITE 241		
Suite, Apt. #, Etc.		
City BONITA SPRINGS	State FL	Zip Code 34135

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

ERA Financial Group LLC

Date 3/16/10

REGISTERED AGENT MUST SIGN
27911 Crown Lake Blvd.,
Suite 241
Bonita Springs, FL 34135

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
MGRM	GRUENTJENS, NORBERT	IM WEBER TAL 22, 78713 SCHRAMBERG - WALDMOESSW	GERMANY
REINSTATEMENT 2008 2010			

11. E-mail Address: sue@erabtc.com

12. 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 3.2.10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager