

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC -4 PM 3:41

DOCUMENT # 201000013391  
One (1)

1. Limited Liability Company's Name

**AQUARIUS GLOBAL LLC**

2. Principal Office Address

**13420 SW 131 Street**

Suite, Apt. #, etc.

3. Mailing Office Address

**13420 SW 131 Street**

Suite, Apt. #, etc.

City & State

**Miami, FL 33186**

Zip

**33186**

Country

City & State

**Miami, FL 33186**

Zip

**33186**

Country

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**8-10-2001**

6. FEI Number

**65-1130499**

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

**Oswaldo N. Soto, Esq.**

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

**2151 So. LeJeune Road, Ste. 310**

Suite, Apt. #, Etc.

**Ste. 310**

City

**Coral Gables**

State

**FL**

Zip Code

**33134**

9. I, being appointed this 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 **11/26/02**

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
MG-MBR	Eduardo Zablah	13420 SW 131 St.	Miami, FL 33186 900009026519 11/15/02--01001--001 **150.00
MG-MBR	Jorge Zablah	13420 SW 131 St.	Miami, FL 33186
MG-MBR	Rodrigo Zablah	13420 SW 131 St.	Miami, FL 33186

REINSTATEMENT 02

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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 **11/14/02**

Daytime Phone # **305-238-1864**

Typed or printed name of signing Managing Member/Manager