2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000014497

Entity Name: HARAS LUISIANA USA, LLC

FILED Oct 16, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Jurrent Principal Place of Business:	New Principal Place of Business:

C/O MENDIVE & ASSOCIATES
250 CATALONIA AVE., STE. 705
CORAL GABLES, FL 33134
HARAS LUISIANA USA, LLC
1910 NW 97TH AVE
MIAMI, FL 33172 US

Current Mailing Address: New Mailing Address:

C/O MENDIVE & ASSOCIATES
250 CATALONIA AVE., STE. 705
CORAL GABLES, FL 33134
HARAS LUISIANA USA, LLC
1910 NW 97TH AVE
MIAMI, FL 33172 US

FEI Number: 65-1138873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MENDIVE & ASSOCIATES, P.A. 250 CATALONIA AVE., STE. 705 CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ARMANDO MENDIVE CPA

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 RINCON, HOLLY S
 Name:

 Address:
 % 250 CATALONIA AVENUE, SUITE 705
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 RINCON, HOLLY ANA
 Name:

 Address:
 % 250 CATALONIA AVENUE, SUITE 705
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HOLLY ANA RINCON MGR 10/16/2009