

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000015093

1. Limited Liability Company's Name

GULA INTERNATIONAL LLC

2. Principal Office Address - No P.O. Box #

3801 NE 207 ST

Suite, Apt. #, etc.

TSICN

City & State

AVENTURA, FL

Zip

33180

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-1138640

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

GUSTAVO MELLER

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

3801 NE 207 ST

Suite, Apt. #, Etc.

~~00000000~~ 2701

City

AVENTURA

State

FL

Zip Code

33180

☐ 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

REGISTERED AGENT MUST SIGN

Date

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
<u>MGR</u>	<u>GUSTAVO MELLER</u>	<u>3801 NE 207 ST #2701</u>	<u>AVENTURA, FL 33180</u>

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

G Meller

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

FILED

2009 JUN -2 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (10/08)

REINSTATEMENT

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